



ALABAMA DEPARTMENT OF REVENUE
MOTOR VEHICLE DIVISION

MV-DPPA3
5/00

P. O. Box 327610 • Montgomery, AL 36132-7630 • (334) 242-9000

Personal Consent for Marketing Purposes

THIS FORM MAY
BE DUPLICATED

TYPE OR
PRINT ONLY

LEGIBLE COPIES OF YOUR MOTOR VEHICLE REGISTRATION RECEIPTS MUST BE ATTACHED

The federal Driver's Privacy Protection Act of 1994 ("DPPA") (Title XXX of Public Law 103-322) was enacted to protect the interest of individuals in their personal privacy by prohibiting the disclosure and use of **personal information** contained in their motor vehicle registration and title records, except as authorized by such individuals or by law. **Personal information** is defined as "information that identifies a person, including an individual's social security number, **name, address** (but not the 5-digit zip code), telephone number, and medical or disability information."

Authorization: Under the DPPA, motor vehicle records **may be released** for vehicle recalls and statistical reports. At your option, you may request your name and address be released for certain **marketing purposes** by completing this form.

Please list below the vehicles for which you are authorizing the release of personal information for marketing purposes. The release of data is only applicable to the motor vehicle registrations for the vehicles listed below as shown on the motor vehicle registration database of the Department. In the event the license plate is transferred to another vehicle, or upon subsequent registration of the vehicle, the motor vehicle records will be restricted for marketing purposes unless the Department receives an updated request authorizing the release of those records.

Please indicate below the records you wish to release.

- Certificate of Title Records
- Motor Vehicle Registration Records (Tag Records)

Name(s) as it/they appear on your Title/Registration records:

Title: _____

Registration: _____

List all vehicles you wish to be released:

ALABAMA PLATE NUMBER	MAKE	YEAR / MODEL	VEHICLE IDENTIFICATION NUMBER (VIN)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Owner's Signature: _____ Date: _____

Telephone Number (needed for verification of information): (_____) _____

Please complete this form, **attaching legible copies of your motor vehicle registration receipts**, and mail to:

Alabama Department of Revenue
Motor Vehicle Division
P. O. Box 327610
Montgomery, AL 36132-7630