

RELEASE OF PERSONAL INFORMATION  
UNDER THE FEDERAL DRIVER'S  
PRIVACY PROTECTION ACT 18 U.S.C. 2721(b)(13)

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I, the named party below:

\_\_\_\_\_

Last Name

\_\_\_\_\_

First Name

\_\_\_\_\_

Middle Name

Do hereby consent to the release of my personal information to:

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

REPORT NO. \_\_\_\_\_ DATE: \_\_\_\_\_

I fully understand that this consent authorizes the De Pere Police Department and its employees to fully release all my personal information and highly restricted personal information under the Driver's Privacy Protection Act to the above-named person or entity.

I also understand that this consent only applies to the release of my own personal information and highly restricted personal information and does not apply to any other person's personal information and highly restricted personal information contained in the released report.

This Consent Expires: \_\_\_\_\_  
Date

SIGNATURE: \_\_\_\_\_

STATE OF WISCONSIN )

NOTARY SEAL HERE

) SS.

\_\_\_\_\_ COUNTY)

This signature was acknowledged before me on

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Month Day Year

My Commission Expires: \_\_\_\_\_