

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

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)

) SS.

_____ COUNTY)

NOTARY SEAL HERE

This signature was acknowledged before me on

_____, _____, _____
Month Day Year

My Commission Expires: _____