

Please send original to Janice Woolley.

Please keep a copy for your records.

REQUEST FOR DRIVER INFORMATION

The most current version of this form can be found at www.dmv.state.pa.us

PLEASE TYPE OR PRINT IN BLUE OR BLACK INK

DO NOT SEND CASH • SEE REVERSE FOR INSTRUCTIONS



Bureau of Driver Licensing
P.O. Box 68695
Harrisburg, PA 17106-8695

CHECK (✓) ONE ONLY:

- BASIC INFORMATION: \$5.00 FEE (*Driver history is not included*)
- 3 YEAR DRIVER RECORD: \$5.00 FEE
- 10 YEAR DRIVER RECORD: \$5.00 FEE (*Employment Purposes Only*)

- FULL HISTORY: \$5.00 FEE
- CERTIFIED DRIVER RECORD: \$10.00 FEE
- COPY OF DOCUMENT FROM FILE (MICROFILM): \$5.00 FEE
- CERTIFIED COPY OF DOCUMENT FROM FILE: \$10.00 FEE

You may obtain a copy of your own 3 year, 10 year and/or Full History Driving Record on PennDOT'S website at www.dmv.state.pa.us

<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">A REQUESTER INFORMATION</td> </tr> <tr> <td colspan="2">NAME/COMPANY Diocese of Allentown</td> </tr> <tr> <td colspan="2">ADDRESS P.O. Box F</td> </tr> <tr> <td>CITY Allentown</td> <td>STATE ZIP CODE PA 18105</td> </tr> <tr> <td colspan="2">DAYTIME TELEPHONE NUMBER (REQUIRED) 610-871-5200</td> </tr> <tr> <td colspan="2">RELATIONSHIP TO DRIVER (REQUIRED)</td> </tr> <tr> <td colspan="2">SIGNATURE X NOTARIZATION NOT REQUIRED WHEN REQUESTING YOUR OWN RECORD</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">C DRIVER INFORMATION</td> </tr> <tr> <td>NAME: LAST</td> <td>FIRST</td> <td>INITIAL</td> </tr> <tr> <td colspan="3">ADDRESS</td> </tr> <tr> <td colspan="3">CITY</td> </tr> <tr> <td colspan="2">STATE</td> <td>ZIP CODE</td> </tr> <tr> <td colspan="3">PHONE NUMBER</td> </tr> <tr> <td>DATE OF BIRTH</td> <td colspan="2">DRIVER NUMBER</td> </tr> <tr> <td>MONTH</td> <td>DAY</td> <td>YEAR</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">E DRIVER RELEASE</td> </tr> <tr> <td colspan="2">I _____ hereby request</td> </tr> <tr> <td colspan="2" style="text-align: center;">NAME OF DRIVER</td> </tr> <tr> <td colspan="2">the Department of Transportation to furnish a copy of my PA Driver's Record to _____</td> </tr> <tr> <td colspan="2" style="text-align: center;">NAME OF PERSON/COMPANY</td> </tr> <tr> <td colspan="2">X SIGNATURE OF DRIVER</td> </tr> <tr> <td colspan="2" style="text-align: right;">DATE</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">F MICROFILM</td> </tr> <tr> <td>TYPE OF DOCUMENT</td> <td>DATE OF VIOLATION</td> </tr> <tr> <td colspan="2" style="text-align: center;">(see list of available documents below)</td> </tr> <tr> <td colspan="2">Documents Available:</td> </tr> <tr> <td>• Citations</td> <td>• Suspension Credit Affidavits</td> </tr> <tr> <td>• Court Certifications</td> <td>• Suspension/Revocation Letters</td> </tr> <tr> <td>• Applications</td> <td>• Restoration Letters</td> </tr> <tr> <td>• License Renewals</td> <td>• Rescind Letters</td> </tr> <tr> <td>• Judgments</td> <td>• Department Hearing or Exam Notice</td> </tr> </table>	A REQUESTER INFORMATION		NAME/COMPANY Diocese of Allentown		ADDRESS P.O. Box F		CITY Allentown	STATE ZIP CODE PA 18105	DAYTIME TELEPHONE NUMBER (REQUIRED) 610-871-5200		RELATIONSHIP TO DRIVER (REQUIRED)		SIGNATURE X NOTARIZATION NOT REQUIRED WHEN REQUESTING YOUR OWN RECORD		C DRIVER INFORMATION		NAME: LAST	FIRST	INITIAL	ADDRESS			CITY			STATE		ZIP CODE	PHONE NUMBER			DATE OF BIRTH	DRIVER NUMBER		MONTH	DAY	YEAR	E DRIVER RELEASE		I _____ hereby request		NAME OF DRIVER		the Department of Transportation to furnish a copy of my PA Driver's Record to _____		NAME OF PERSON/COMPANY		X SIGNATURE OF DRIVER		DATE		F MICROFILM		TYPE OF DOCUMENT	DATE OF VIOLATION	(see list of available documents below)		Documents Available:		• Citations	• Suspension Credit Affidavits	• Court Certifications	• Suspension/Revocation Letters	• Applications	• Restoration Letters	• License Renewals	• Rescind Letters	• Judgments	• Department Hearing or Exam Notice	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">B END USER OF INFORMATION BEING REQUESTED</td> </tr> <tr> <td colspan="2">NAME/COMPANY</td> </tr> <tr> <td colspan="2">ADDRESS (P.O. Box not acceptable, need to provide physical location of business/residence)</td> </tr> <tr> <td>CITY</td> <td>STATE ZIP CODE</td> </tr> <tr> <td colspan="2">DAYTIME TELEPHONE NUMBER (REQUIRED)</td> </tr> <tr> <td colspan="2">RELATIONSHIP TO DRIVER (REQUIRED)</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">D AFFIDAVIT OF INTENDED USE</td> </tr> <tr> <td colspan="2">Intended Use of the Information Requested: CHECK ONLY ONE</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> B = Driver Release (<i>Driver must complete Section E.</i>)</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> C = Credit Business (<i>Legitimate Business need in connection with a business transaction initiated by the driver.</i>)</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> C = Credit Potential Investor, Server or Current Insurer (<i>In connection with an assessment of the credit/payment risks associated with an existing credit obligation.</i>)</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> E = Employment (<i>To support the hiring or the continuation of employment. Driver must complete Section E.</i>)</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> R = Insurance Company requesting record of person it intends to insure, now insures, or has rejected for insurance.</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> K = Court Order must be attached. (<i>A subpoena issued in compliance with Pa. R.C.P. 4009.21 will be accepted in lieu of a court order.</i>)</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> L = Attorney representing driver identified in Section C (<i>Driver must complete Section E.</i>)</td> </tr> <tr> <td colspan="2">I hereby Certify that _____</td> </tr> <tr> <td colspan="2" style="text-align: center;">PRINTED NAME OF REQUESTER</td> </tr> <tr> <td colspan="2">will use the driver record abstract(s) required pursuant to Section 6114 of the Pennsylvania Vehicle Code, for the purpose checked above only and no other reason. This affidavit is filed in compliance with Section 607 of the Fair Credit Reporting Act. I/We have read and signed this form after its completion, and I/We swear or affirm that the statements made herein are true and correct, and that any statement made on or pursuant to this form is subject to the penalties of 18 Pa C.S. Section 4903(a)(2) (relating to false swearing), which shall include punishment of a fine not exceeding \$5,000, or to a term of imprisonment of not more than two years, or both.</td> </tr> <tr> <td colspan="2">X SIGNATURE OF REQUESTER</td> </tr> <tr> <td colspan="2">Title _____</td> </tr> <tr> <td colspan="2">SUBSCRIBED AND SWORN</td> </tr> <tr> <td>TO BEFORE ME:</td> <td>MONTH DAY YEAR</td> </tr> <tr> <td colspan="2">X SIGNATURE OF PERSON ADMINISTERING OATH</td> </tr> <tr> <td style="writing-mode: vertical-rl; transform: rotate(180deg);">NOTARIZATION</td> <td style="text-align: center;">SIGN IN PRESENCE OF NOTARY</td> </tr> </table>	B END USER OF INFORMATION BEING REQUESTED		NAME/COMPANY		ADDRESS (P.O. Box not acceptable, need to provide physical location of business/residence)		CITY	STATE ZIP CODE	DAYTIME TELEPHONE NUMBER (REQUIRED)		RELATIONSHIP TO DRIVER (REQUIRED)		D AFFIDAVIT OF INTENDED USE		Intended Use of the Information Requested: CHECK ONLY ONE		<input type="checkbox"/> B = Driver Release (<i>Driver must complete Section E.</i>)		<input type="checkbox"/> C = Credit Business (<i>Legitimate Business need in connection with a business transaction initiated by the driver.</i>)		<input type="checkbox"/> C = Credit Potential Investor, Server or Current Insurer (<i>In connection with an assessment of the credit/payment risks associated with an existing credit obligation.</i>)		<input type="checkbox"/> E = Employment (<i>To support the hiring or the continuation of employment. Driver must complete Section E.</i>)		<input type="checkbox"/> R = Insurance Company requesting record of person it intends to insure, now insures, or has rejected for insurance.		<input type="checkbox"/> K = Court Order must be attached. (<i>A subpoena issued in compliance with Pa. R.C.P. 4009.21 will be accepted in lieu of a court order.</i>)		<input type="checkbox"/> L = Attorney representing driver identified in Section C (<i>Driver must complete Section E.</i>)		I hereby Certify that _____		PRINTED NAME OF REQUESTER		will use the driver record abstract(s) required pursuant to Section 6114 of the Pennsylvania Vehicle Code, for the purpose checked above only and no other reason. This affidavit is filed in compliance with Section 607 of the Fair Credit Reporting Act. I/We have read and signed this form after its completion, and I/We swear or affirm that the statements made herein are true and correct, and that any statement made on or pursuant to this form is subject to the penalties of 18 Pa C.S. Section 4903(a)(2) (relating to false swearing), which shall include punishment of a fine not exceeding \$5,000, or to a term of imprisonment of not more than two years, or both.		X SIGNATURE OF REQUESTER		Title _____		SUBSCRIBED AND SWORN		TO BEFORE ME:	MONTH DAY YEAR	X SIGNATURE OF PERSON ADMINISTERING OATH		NOTARIZATION	SIGN IN PRESENCE OF NOTARY
A REQUESTER INFORMATION																																																																																																																						
NAME/COMPANY Diocese of Allentown																																																																																																																						
ADDRESS P.O. Box F																																																																																																																						
CITY Allentown	STATE ZIP CODE PA 18105																																																																																																																					
DAYTIME TELEPHONE NUMBER (REQUIRED) 610-871-5200																																																																																																																						
RELATIONSHIP TO DRIVER (REQUIRED)																																																																																																																						
SIGNATURE X NOTARIZATION NOT REQUIRED WHEN REQUESTING YOUR OWN RECORD																																																																																																																						
C DRIVER INFORMATION																																																																																																																						
NAME: LAST	FIRST	INITIAL																																																																																																																				
ADDRESS																																																																																																																						
CITY																																																																																																																						
STATE		ZIP CODE																																																																																																																				
PHONE NUMBER																																																																																																																						
DATE OF BIRTH	DRIVER NUMBER																																																																																																																					
MONTH	DAY	YEAR																																																																																																																				
E DRIVER RELEASE																																																																																																																						
I _____ hereby request																																																																																																																						
NAME OF DRIVER																																																																																																																						
the Department of Transportation to furnish a copy of my PA Driver's Record to _____																																																																																																																						
NAME OF PERSON/COMPANY																																																																																																																						
X SIGNATURE OF DRIVER																																																																																																																						
DATE																																																																																																																						
F MICROFILM																																																																																																																						
TYPE OF DOCUMENT	DATE OF VIOLATION																																																																																																																					
(see list of available documents below)																																																																																																																						
Documents Available:																																																																																																																						
• Citations	• Suspension Credit Affidavits																																																																																																																					
• Court Certifications	• Suspension/Revocation Letters																																																																																																																					
• Applications	• Restoration Letters																																																																																																																					
• License Renewals	• Rescind Letters																																																																																																																					
• Judgments	• Department Hearing or Exam Notice																																																																																																																					
B END USER OF INFORMATION BEING REQUESTED																																																																																																																						
NAME/COMPANY																																																																																																																						
ADDRESS (P.O. Box not acceptable, need to provide physical location of business/residence)																																																																																																																						
CITY	STATE ZIP CODE																																																																																																																					
DAYTIME TELEPHONE NUMBER (REQUIRED)																																																																																																																						
RELATIONSHIP TO DRIVER (REQUIRED)																																																																																																																						
D AFFIDAVIT OF INTENDED USE																																																																																																																						
Intended Use of the Information Requested: CHECK ONLY ONE																																																																																																																						
<input type="checkbox"/> B = Driver Release (<i>Driver must complete Section E.</i>)																																																																																																																						
<input type="checkbox"/> C = Credit Business (<i>Legitimate Business need in connection with a business transaction initiated by the driver.</i>)																																																																																																																						
<input type="checkbox"/> C = Credit Potential Investor, Server or Current Insurer (<i>In connection with an assessment of the credit/payment risks associated with an existing credit obligation.</i>)																																																																																																																						
<input type="checkbox"/> E = Employment (<i>To support the hiring or the continuation of employment. Driver must complete Section E.</i>)																																																																																																																						
<input type="checkbox"/> R = Insurance Company requesting record of person it intends to insure, now insures, or has rejected for insurance.																																																																																																																						
<input type="checkbox"/> K = Court Order must be attached. (<i>A subpoena issued in compliance with Pa. R.C.P. 4009.21 will be accepted in lieu of a court order.</i>)																																																																																																																						
<input type="checkbox"/> L = Attorney representing driver identified in Section C (<i>Driver must complete Section E.</i>)																																																																																																																						
I hereby Certify that _____																																																																																																																						
PRINTED NAME OF REQUESTER																																																																																																																						
will use the driver record abstract(s) required pursuant to Section 6114 of the Pennsylvania Vehicle Code, for the purpose checked above only and no other reason. This affidavit is filed in compliance with Section 607 of the Fair Credit Reporting Act. I/We have read and signed this form after its completion, and I/We swear or affirm that the statements made herein are true and correct, and that any statement made on or pursuant to this form is subject to the penalties of 18 Pa C.S. Section 4903(a)(2) (relating to false swearing), which shall include punishment of a fine not exceeding \$5,000, or to a term of imprisonment of not more than two years, or both.																																																																																																																						
X SIGNATURE OF REQUESTER																																																																																																																						
Title _____																																																																																																																						
SUBSCRIBED AND SWORN																																																																																																																						
TO BEFORE ME:	MONTH DAY YEAR																																																																																																																					
X SIGNATURE OF PERSON ADMINISTERING OATH																																																																																																																						
NOTARIZATION	SIGN IN PRESENCE OF NOTARY																																																																																																																					

MESSENGER NO.