



# APPLICATION FOR RELEASE OF DIGITAL IMAGE/SIGNATURE

## LAW ENFORCEMENT USE ONLY

If filing this request in person, be prepared to furnish us with proof of identification. If filing this request through the mail or by fax, your signature must be notarized or the request will be returned to you unprocessed.

No officer, employee, agent, or contractor of the Department of Motor Vehicles or law enforcement officer will release a digital image or a digital signature unless the requestor is one of the following (please indicate the applicable exemption):

- a federal, state, local law enforcement agency;
- a certified law enforcement officer employed in an investigative position by a local, state or federal agency;
- a driver licensing agency of another state for the purpose of carrying out the functions of the agency upon the verification of the identity of the person requesting the release of the information and the verification of the purpose of the requester in requesting the release.

Any requestor that knowingly discloses or permits disclosure of a digital image or digital signature will be guilty of a Class I misdemeanor and will be, at the discretion of the appropriate official, removed from office or discharged.

**FORM MUST BE COMPLETED IN FULL**

### PLEASE PRINT

Name (as it appears on driver's license): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Nebraska Driver's License Number \_\_\_\_\_

*Name and Date of Birth OR Name and Nebraska Driver's License Number must be supplied before a record check can be done.*

Please **Print** Your Name: \_\_\_\_\_

Agency Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone Number: ( ) \_\_\_\_\_ Email: \_\_\_\_\_

Under penalty of law, the undersigned certifies that the information requested will be used as authorized by the Uniform Motor Vehicle Records Disclosure Act. The undersigned hereby acknowledges that this request is made with the understanding that any person requesting disclosure of sensitive personal information from the Department of Motor Vehicles who misrepresents his or her identity, misrepresents the purpose for which the information requested will be used, or otherwise makes a false statement on the application shall be guilty of a class I misdemeanor.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*(Signature must be notarized below, if filing this request through the mail or by fax.)*

State of _____	
County of _____	
The foregoing signature of the <b>requestor</b> was acknowledged before me this _____ day of _____	
_____ Notary or Designated County Official	Seal

<b>Submit this application to:</b> Nebraska Department of Motor Vehicles Driver and Vehicle Records Division 301 Centennial Mall South PO Box 94789 Lincoln, NE 68509-4789 (402) 471-3918 Fax: (402) 471-8694	<b>DMV Use Only</b> Date _____ _____ Employee Releasing Image/Signature _____ Supervisor Approval
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