

Privacy Act Request

To:
National Driver Register
1200 New Jersey Avenue, S.E.
NSA-220
Washington, DC 20590

From:

I, _____, request a PDPS check for myself:

- Legal Name: _____
- Date-of-Birth _____
- State and Driver License Number: _____
- Social Security Number: _____
- Sex / Gender _____
- Height (Inches) _____
- Weight (US Pounds) _____
- Eye Color _____

Sincerely,

Date: _____

Notary Public
