RELEASE OF PERSONAL INFORMATION UNDER THE FEDERAL DRIVER'S PRIVACY PROTECTION ACT

18 U.S.C 2721 (b)(13)

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

Name:_____

Address:_____

Accident/Incident Report #:_____

Date of Incident:_____

I understand that this consent authorizes the Waukesha County Sheriff's Department and its employees to fully release my personal information under Driver's Privacy Protection Act to the above-named person or entity.

_____I also consent to release of my highly restricted personally identifiable information, which includes driver's license photo, social security number and medical/disability information.

I understand that this consent only applies to the release of my personal information and does not apply to any other person's personal information.

SIGNATURE:_____

PRINT NAME:_____

STATE OF WISCONSIN)
) SS
_____COUNTY)

This signature was acknowledged before me
on_____, 2013.

Notary Public: _____
My Commission Expires:_____