



Wesleyan Youth, Inc.

FOSTER CARE AGENCY

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## **Application Packet**

**918-329-6760**

**[www.wesleyanfostercare.com](http://www.wesleyanfostercare.com)**



## Wesleyan Youth Foster Care Agency

### Our Company

Wesleyan Youth, Inc. is a nonprofit foster care agency that has provided quality childcare to children in State care for more than 50 years. Foster Care Programs are an extension of the agencies overall program to provide services that meet the needs of children and families statewide. Our mission is to provide a safe, nurturing environment for the children and youth in Oklahoma entrusted to our care. To build self-esteem, assist with education, improve the quality of life for foster children placed in our care.





## We Believe

- The well-being of all children is vital to us, their families, the child, and our community.
- All families deserve our best efforts to partner with them and to treat them with respect and honesty.
- We have an ongoing responsibility to increase our knowledge and improve our services by learning all we can about the diversity of our families and community.
- We have a duty to remain objective and consistent in all our interactions with families and children
- We must be creative and innovative in the delivery of services so, as to heighten the effectiveness of our work with family.
- Seek permanent homes for all children who cannot safely return to their parent or guardian.
- Remain mission-focused in our everyday work.
- Recruit and maintain diverse staff committed to serving all children and families.



## Application Process

Attached are the forms to get you started on your foster care journey:

Application to foster – I have included the application. If for some reason you cannot fit all of your information on it, please use a sheet of paper to add additional people in your home or for other children not living with you. Please include 6 references. Disregard the "attachments" page. We will get these items during certification.

OKDHS Background: Request for Background checks- You will complete form with all alias and needed information. On the blank that says nicknames, fill out with nicknames or put none. Make sure to check N/A if it doesn't apply to you. It is important that you leave nothing blank.

OK Department of Public Safety Release: You will complete the highlighted areas only. No need to submit any payment. There is no fee.

Once you've completed these forms, you can email them back to [Letta@wesleyanfostercare.com](mailto:Letta@wesleyanfostercare.com) OR mail to:

341 E. Choctaw Ave.

McAlester, Ok 74501.

Please call with any questions!

Letta Guyer: 918-329-6760



## Certification Process

1. Return the completed application paperwork. This allows us to do background and reference checks.
2. Orientation & House Assessment: A worker will complete Orientation and house assessment of your home and help you identify any changes that may be needed to meet the certification requirements.
3. Fingerprints: You will be scheduled to have fingerprints run on each adult living in your home. These are done through Live Scan electronic fingerprinting. Sheet with directions on setting up fingerprints will be given to you during orientation.
4. Training: You will complete 27 hours of online Guiding Principles training and Prudent Parent training.
5. Home Study: A worker will meet with you to gather information and learn about you and your family. This information will be compiled in a home study which you will review and approve.
6. Documentation: You will need to submit documentation to verify and support the home study information. This includes copies of your driver's license, social security card, marriage and divorce certificates, medical and health assessments, and financial information such as pay stubs or tax forms.
7. Sign Contracts: You will sign contracts and agreements with OKDHS. Once you sign contract, you will be available for placement.



General Information

Family name

Physical address

City

State

ZIP code

Mailing address

City

State

ZIP code

Finding directions to home:

Home:  Rent  Own Square footage: \_\_\_\_\_ Number of bedrooms: \_\_\_\_\_

Resource Applicant Information

For each adult applicant, provide the following information. Use the "+" button on the electronic form to add a second applicant.

Resource Applicant 1 Information

First name

Middle name

Last name

Other names used including maiden name, any other name by which you are or have been known, or aliases, when applicable  N/A

Date of birth

Social Security number

Gender

Are you a U.S. citizen?

Tribe, if applicable  N/A

Yes  No

Hispanic or Latino origin?

Race

Yes  No

Work phone

Cell phone

Home phone

Email address

List each state you have lived in within the last five years  N/A

Select one:  Single  Unmarried couple  Married  Divorced  Widowed  Separated

Number of previous marriages: \_\_\_\_\_

Highest grade completed: \_\_\_\_\_ Advanced degree?  Yes  No

Have you served or are you currently serving in the armed forces?  Yes  No

## Employment

Are you employed?  Yes  No

Are you self-employed?  Yes  No

### Unemployed

Source of income \_\_\_\_\_

Take-home \_\_\_\_\_

### Employed (Non Self-Employment)

Source of income: \_\_\_\_\_ Total approximate monthly take-home pay: \_\_\_\_\_

Employer name \_\_\_\_\_ Job title \_\_\_\_\_

Supervisor's name \_\_\_\_\_ Supervisor's phone number \_\_\_\_\_

Supervisor's email address \_\_\_\_\_

### Self-Employment

Total approximate monthly take-home pay: \_\_\_\_\_

List a client or co-worker that can be contacted, include phone number and email address:

### Additional Information

Have you ever applied to foster, adopt, or provide in home daycare in any state?  Yes  No

Have you:

- been arrested or had criminal charges filed?  Yes  No
- entered a plea of guilty or nolo contendere to a crime?  Yes  No
- been investigated for child physical abuse, sexual abuse, or neglect?  Yes  No

• filed or been party to a protective order?

Yes  No

## Resource Applicant 2 Information

First name \_\_\_\_\_ Middle name \_\_\_\_\_ Last name \_\_\_\_\_

Other names used including maiden name, any other name by which you are or have been known, or aliases, when applicable  N/A

Date of birth \_\_\_\_\_ Social Security number \_\_\_\_\_ Gender \_\_\_\_\_

Tribe, if applicable  N/A  Yes  No

Hispanic or Latino origin?  Yes  No  
Race \_\_\_\_\_  Yes  No

Work phone \_\_\_\_\_ Cell phone \_\_\_\_\_ Home phone \_\_\_\_\_

Email address \_\_\_\_\_

List each state you have lived in within the last five years  N/A

Select one:  Single  Unmarried couple  Married  Divorced  Widowed  Separated

Number of previous marriages: \_\_\_\_\_

Highest grade completed: \_\_\_\_\_ Advanced degree?  Yes  No

Have you served or are you currently serving in the armed forces?  Yes  No

## Employment

Are you employed?  Yes  No

Are you self-employed?  Yes  No

### Unemployed

Source of income \_\_\_\_\_

Take-home \_\_\_\_\_

### Employed (Non Self-Employment)

Source of income: \_\_\_\_\_ Total approximate monthly take-home pay: \_\_\_\_\_



Employer name \_\_\_\_\_ Job title \_\_\_\_\_

Supervisor's name \_\_\_\_\_ Supervisor's phone number \_\_\_\_\_

Supervisor's email address \_\_\_\_\_

### Self-Employment

Total approximate monthly take-home pay: \_\_\_\_\_

List a client or co-worker that can be contacted, include phone number and email address:

### Additional Information

Have you ever applied to foster, adopt, or provide in home daycare in any state?  Yes  No

Have you:

- been arrested or had criminal charges filed?  Yes  No
- entered a plea of guilty or nolo contendere to a crime?  Yes  No
- been investigated for child physical abuse, sexual abuse, or neglect?  Yes  No
- filed or been party to a protective order?  Yes  No

### Other Household Members

N/A

**All other persons residing in the home must be listed including children, relatives, and non-relatives.** Add additional sheets as necessary or use the "+" button on the electronic form to add more household members. For each school-age child, list a contact person and contact information at the child's school, such as the principal, counselor, or teacher. A reference is obtained on each school-aged child.

### Household Member Information

First name \_\_\_\_\_ Middle name \_\_\_\_\_ Last name \_\_\_\_\_ Date of birth \_\_\_\_\_

Gender \_\_\_\_\_ Social Security number \_\_\_\_\_ Relationship to applicant \_\_\_\_\_

Is the household member currently enrolled in K-12 school?  Yes  No

### Applicant's Child(ren) Under 18 Years of Age Not Living in the Home

N/A

List each applicant's child(ren) under 18 years of age not living in the home and explain why he or she does not reside in the home.

### Child 1 Information

\_\_\_\_\_  
First name                      Middle name    Last name                      Date of birth

Reason the child is out of home:

**References**

As part of the applicant assessment, references are requested including employers, adult children, behavioral health professionals, and other individuals with personal knowledge of the applicant and the applicant's family.

**Personal**

Applicants must provide the name and contact information for four personal references, **only ONE of whom can be a family member**. Persons listed as personal references should not be an adult child or employer.

\_\_\_\_\_  
First name                      Last name                      Phone number

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
First name                      Last name                      Phone number

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
First name                      Last name                      Phone number

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
First name                      Last name                      Phone number

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
First name                      Last name                      Phone number

\_\_\_\_\_  
Relationship

**Counseling or Inpatient Treatment** N/A

If any applicant or child in the home participates or has participated in any type of counseling, therapy, or inpatient treatment, provide the following information. If more than one provider was seen within the last 10 years by the applicant or child, list each provider separately by using the "+" button to add additional providers.

**Household Member 1**

Name		Dates of treatment	
Provider name			
Address	City	State	Zip code
Phone number	Email		

**Household Member 2**

Name		Dates of treatment	
Provider name			
Address	City	State	Zip code
Phone number	Email		

**Adult Child(ren)** N/A**Adult Child 1 Information**

First name	M.I.	Last name	
Phone number	Email		
Address	City	State	ZIP code
Do you have contact with this adult child?			<input type="checkbox"/> Yes <input type="checkbox"/> No



**Applicant Information**

First name \_\_\_\_\_ Middle Name  N/A \_\_\_\_\_ Last name \_\_\_\_\_

Aliases, including maiden:  N/A (check box if this section does not apply to the applicant)

First name	Middle name	Last name

Nickname(s) \_\_\_\_\_

Date of birth \_\_\_\_\_  Male  Female \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

City and state of birth \_\_\_\_\_ Social Security number \_\_\_\_\_

Hair color \_\_\_\_\_ Eye color \_\_\_\_\_ Driver license (DL) number \_\_\_\_\_ State DL issued \_\_\_\_\_

Mailing address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP code \_\_\_\_\_

Phone number \_\_\_\_\_ Fax number \_\_\_\_\_ Email \_\_\_\_\_

**Previous Five Years Residency**

List all states, other than Oklahoma, you have lived in during the past five (5) years.

N/A (check box if this section does not apply to the applicant)

State	Start date	End date

List all countries, other than the United States of America, you have lived in during the past five (5) years.

N/A (check box if this section does not apply to the applicant)

Country	Start date	End date

Have you ever been convicted of a crime?

Yes  No

If yes, explain:

### Consent and Signature

- I understand Oklahoma Human Services (OKDHS) will evaluate the results of the state background checks and/or national fingerprint-based background check as part of a comprehensive review.
- I understand OKDHS will evaluate child abuse and neglect history for Oklahoma and all other states as required and when available as part of a comprehensive review.
- I understand registration on the Restricted Registry may occur when there is a confirmed or substantiated finding of abuse or neglect against a child in care.
- The Oklahoma State Bureau of Investigation (OSBI) will retain my fingerprints in the Automated Fingerprint Identification System and will notify the OKDHS Office of Background Investigations (OBI) of any future Oklahoma criminal arrests through the Records of Arrest and Prosecution (RAP) Back service.
- I understand my fingerprints will be used to check the Federal Bureau of Investigation's (FBI's) criminal history records. The FBI will retain my fingerprints and associated information/ biometrics and, while retained, my fingerprints will continue to be compared against other fingerprints submitted to or retained by the FBI.
- I understand I have the opportunity to complete or challenge the accuracy of the information contained in the FBI identification record. The procedure for obtaining a change, correction, or updating an FBI identification record are set forth in Section 16.34 of Title 28, United States Code of Federal Regulations. Additional information:  
<https://www.fbi.gov/about-us/cjis/background-checks>

I have received and reviewed the privacy policy. View the privacy policy online at:  
<https://www.fbi.gov/services/cjis/compact-council/privacy-act-statement>

I certify that all personal identifying information provided on this form is true and correct. I understand the purpose of this form and background check and grant permission, without recourse, for the use and release of information as necessary for the purpose of an Oklahoma name-based and/or a national fingerprint criminal background check and driving record. This information cannot be released for any other purpose without my written permission.

Signature

Date

### Background Check Purpose

This section is completed by the OKDHS representative or requesting authority.

### Request Type and Reason

#### Adoption

- Indian Child Welfare (ICW) or tribal adoption
- OKDHS adoption
- Private domestic adoption
- Private international adoption

#### Erica's rule

- Erica's rule

#### Foster care

- Alternate caregiver
- Contracted resource family partnership (RFP)
- Developmental Disability Services (DDS) specialized foster care
- Emergency after hours placement-follow up (Purpose Code X)
- ICW or tribal foster care
- OKDHS foster care
- Therapeutic foster care (TFC)

#### Guardianship

- ICW or tribal guardianship
- OKDHS guardianship
- Private guardianship

#### Host homes

- Host homes

#### Immediate Protective Action Plan (IPAP) or Safety Plan

- Immediate Protective Action Plan (IPAP) or Safety Plan

Re-issue

- Re-issue child welfare fingerprint result within last five years
- Re-issue child welfare name based result within last 30 calendar days

Trial reunification

- Trial Reunification

If requesting a national fingerprint background check, you must be fingerprinted prior to completing this form. If you have not been fingerprinted, a complete national fingerprint-based background check cannot be conducted.

Transaction control number/TCN#

Questions?  
 Contact the Office of Background Investigations  
 1-800-347-2276  
[OBICW@okdhs.org](mailto:OBICW@okdhs.org)

OKDHS Representative or Requesting Authority

Casey Dowling CWS III		DHS Liaison for WYI	
Name		Title	
1200 Rock Creek Rd. Suite C		Norman	OK
Mailing address		City	State
			73069
			ZIP code
(405) 613-8983	(405) 487-4783	casey.dowling@okdhs.org	
Phone number	Fax number	Email	

**Stop!** This form must be signed by the subject of the background check.

Note: This form and the information contained within including, but not limited to, obtaining accurate information and signatures, are the responsibility of the person submitting this request. Paper copies must be kept on file for a minimum of five (5) years and are subject to audit by OKDHS OBI, OSBI, and the FBI.

Routing

Send completed request by mail to:  
 OKDHS Office of Background Investigations  
 PO Box 268935  
 Oklahoma City, OK 73126

Or scan and send completed request by email to:  
[OBICW@okdhs.org](mailto:OBICW@okdhs.org)

Or by fax to:  
 405-702-5053



RECORDS REQUEST & CONSENT TO RELEASE

Department of Public Safety

I hereby request the following driver record(s):

Table with columns: Record Type, Regular Fee, Certified Fee. Includes rows for Oklahoma driving record summary, Collision Report, and Other Driving Record(s).

[For vehicle records, contact Oklahoma Tax Commission. For birth certificates, contact Department of Health]

Driver's Name: \_\_\_\_\_ Sex: \_\_\_\_\_

Driver License Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ mm/dd/yyyy

Check the following applicable statement:

- I am the person named in the record(s) sought. I am requesting the record(s) of another person.

If you are not the person named in the record(s) sought, provide the reason(s) you are entitled to this record without approval of the named person [please check all that apply]. If none of these reasons apply, you must have the named person sign the Consent to Release below:

- Government Agency (federal, state, or local, including court or law enforcement): for carrying out its functions †
Legal: in connection with any court, administrative, arbitral, or self-regulatory body; service of process; investigation in anticipation of litigation; execution or enforcement of judgment or order of a court.
Research Activities or Statistical Reports: personal information shall not be published, re-disclosed, or used to contact individuals †
Insurance Company, Insurance Support Organization, Self-insured Entity: for claims investigation, anti-fraud, rating or underwriting activities †
Licensed Private Investigative Agency or Licensed Security Service: for any purpose permitted under 18 U.S.C. §2721, subsection (b) †
Employer of Commercial Driver License Holder: to obtain or verify information required under 49 U.S.C., Chapter 313 †
Other: for use specifically authorized under the laws of the State of Oklahoma related to the public safety
Statutory citation: \_\_\_\_\_

CONSENT TO RELEASE by Person Named in Request [if none of the reasons above apply, consent to release is required. Employers MUST have consent to release a driving record when it is to be used for purposes other than 49 U.S.C., Chapter 313.]

Printed Name of Person Named in Request \_\_\_\_\_ Signature of Person Named in Request \_\_\_\_\_

By signing above, I voluntarily give consent to the Department of Public Safety or any Motor License Agency to release the above-named record(s) to the person making this Records Request. I understand, as required by the federal Driver Privacy Protection Act (DPPA), 18 U.S.C. Section 2721, et seq., the Department of Public Safety or any Motor License Agency will not release personal information from my driving record unless I consent by waiving my right to privacy under the DPPA, or unless the Department is required or authorized by DPPA to release personal information without my consent as enumerated above.

AFFIRMATION of Person Making Request

Pursuant to 12 O.S. §426, I state under the penalty of perjury that the requested information is being solicited solely for the reason(s) checked above or at the consent of the named person. I understand the personal information furnished is confidential under Federal and State laws and is being released to me only for the reason I have indicated above or at the consent of the named person, and that it is unlawful for me to furnish the information to any unauthorized person or entity or to be used for any unauthorized purpose and if I release any of such information to another authorized person, I understand that I must inform that person of his duties and responsibilities under the Drivers Privacy Protection Act [21 U.S.C. §§ 2421, et seq.] and his obligations to use such information only of the purposes set out therein and his civil and criminal liabilities if he violates these duties, and his obligation to inform subsequent authorized recipients of said information of their identical obligations and duties. I further agree to indemnify and held harmless both the Oklahoma Department of Public Safety and OK.gov from any and all liability and penalties associated with my or my successor's or assignees' wrongful use and/or release of such information.

Printed Name of Person Making Request \_\_\_\_\_ Signature of Person Making Request \_\_\_\_\_

† Print Agency/Company Name(if item 1, 3, 4, 5 or 6 was checked above) \_\_\_\_\_ Date \_\_\_\_\_ mm/dd/yyyy

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_



Mail completed form along with appropriate fees to: Department of Public Safety, Records Management Division, P. O. Box 11415, Oklahoma City, OK 73136-0415

Fees are listed above. Please send total amount due in form of : Cashier's Check, Money Order, Personal or Business Check. Cash is accepted only when paying in person. Record fees are in accordance with Oklahoma Statutes.

**Applicant Information**

First name \_\_\_\_\_ Middle Name  N/A \_\_\_\_\_ Last name \_\_\_\_\_

Aliases, including maiden:  N/A (check box if this section does not apply to the applicant)

First name	Middle name	Last name

Nickname(s) \_\_\_\_\_

Date of birth \_\_\_\_\_  Male  Female \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

City and state of birth \_\_\_\_\_ Social Security number \_\_\_\_\_

Hair color \_\_\_\_\_ Eye color \_\_\_\_\_ Driver license (DL) number \_\_\_\_\_ State DL issued \_\_\_\_\_

Mailing address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP code \_\_\_\_\_

Phone number \_\_\_\_\_ Fax number \_\_\_\_\_ Email \_\_\_\_\_

**Previous Five Years Residency**

List all states, other than Oklahoma, you have lived in during the past five (5) years.

N/A (check box if this section does not apply to the applicant)

State	Start date	End date

List all countries, other than the United States of America, you have lived in during the past five (5) years.

N/A (check box if this section does not apply to the applicant)

Country	Start date	End date

Have you ever been convicted of a crime?

Yes  No

If yes, explain:

### Consent and Signature

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<https://www.fbi.gov/about-us/cjis/background-checks>

I have received and reviewed the privacy policy. View the privacy policy online at:  
<https://www.fbi.gov/services/cjis/compact-council/privacy-act-statement>

I certify that all personal identifying information provided on this form is true and correct. I understand the purpose of this form and background check and grant permission, without recourse, for the use and release of information as necessary for the purpose of an Oklahoma name-based and/or a national fingerprint criminal background check and driving record. This information cannot be released for any other purpose without my written permission.

Signature

Date

### Background Check Purpose

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Questions?  
 Contact the Office of Background Investigations  
 1-800-347-2276  
[OBICW@okdhs.org](mailto:OBICW@okdhs.org)

OKDHS Representative or Requesting Authority

Casey Dowling CWS III		DHS Liaison for WYI	
Name		Title	
1200 Rock Creek Rd. Suite C		Norman	OK 73069
Mailing address		City	State ZIP code
(405) 613-8983	(405) 487-4783	casey.dowling@okdhs.org	
Phone number	Fax number	Email	

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 Oklahoma City, OK 73126

Or scan and send completed request by email to:  
[OBICW@okdhs.org](mailto:OBICW@okdhs.org)

Or by fax to:  
 405-702-5053

RECORDS REQUEST & CONSENT TO RELEASE

Department of Public Safety

I hereby request the following driver record(s):

- Checkboxes for Oklahoma driving record summary, Collision Report, and Other Driving Record(s) with associated fees.

[For vehicle records, contact Oklahoma Tax Commission. For birth certificates, contact Department of Health] Total fee due is cost per line for:

Driver's Name: Sex:

Driver License Number: Date of Birth: mm/dd/yyyy

Check the following applicable statement:

- I am the person named in the record(s) sought. I am requesting the record(s) of another person.

If you are not the person named in the record(s) sought, provide the reason(s) you are entitled to this record without approval of the named person [please check all that apply]. If none of these reasons apply, you must have the named person sign the Consent to Release below:

- Government Agency (federal, state, or local, including court or law enforcement): for carrying out its functions †
Legal: in connection with any court, administrative, arbitral, or self-regulatory body; service of process; investigation in anticipation of litigation; execution or enforcement of judgment or order of a court.
Research Activities or Statistical Reports: personal information shall not be published, re-disclosed, or used to contact individuals †
Insurance Company, Insurance Support Organization, Self-insured Entity: for claims investigation, anti-fraud, rating or underwriting activities †
Licensed Private Investigative Agency or Licensed Security Service: for any purpose permitted under 18 U.S.C. §2721, subsection (b) †
Employer of Commercial Driver License Holder: to obtain or verify information required under 49 U.S.C., Chapter 313 †
Other: for use specifically authorized under the laws of the State of Oklahoma related to the public safety

Statutory citation:

CONSENT TO RELEASE by Person Named in Request [if none of the reasons above apply, consent to release is required. Employers MUST have consent to release a driving record when it is to be used for purposes other than 49 U.S.C., Chapter 313.]

Printed Name of Person Named in Request Signature of Person Named in Request

By signing above, I voluntarily give consent to the Department of Public Safety or any Motor License Agency to release the above-named record(s) to the person making this Records Request. I understand, as required by the federal Driver Privacy Protection Act (DPPA), 18 U.S.C. Section 2721, et seq., the Department of Public Safety or any Motor License Agency will not release personal information from my driving record unless I consent by waiving my right to privacy under the DPPA, or unless the Department is required or authorized by DPPA to release personal information without my consent as enumerated above.

AFFIRMATION of Person Making Request

Pursuant to 12 O.S. §426, I state under the penalty of perjury that the requested information is being solicited solely for the reason(s) checked above or at the consent of the named person. I understand the personal information furnished is confidential under Federal and State laws and is being released to me only for the reason I have indicated above or at the consent of the named person, and that it is unlawful for me to furnish the information to any unauthorized person or entity or to be used for any unauthorized purpose and if I release any of such information to another authorized person, I understand that I must inform that person of his duties and responsibilities under the Drivers Privacy Protection Act [21 U.S.C. §§ 2421, et seq.] and his obligations to use such information only of the purposes set out therein and his civil and criminal liabilities if he violates these duties, and his obligation to inform subsequent authorized recipients of said information of their identical obligations and duties. I further agree to indemnify and held harmless both the Oklahoma Department of Public Safety and OK.gov from any and all liability and penalties associated with my or my successor's or assignees' wrongful use and/or release of such information.

Printed Name of Person Making Request Signature of Person Making Request

† Print Agency/Company Name(if item 1, 3, 4, 5 or 6 was checked above) Date mm/dd/yyyy

Address City State Zip



Mail completed form along with appropriate fees to: Department of Public Safety Records Management Division P. O. Box 11415 Oklahoma City, OK 73136-0415

Fees are listed above. Please send total amount due in form of : Cashier's Check, Money Order, Personal or Business Check Cash is accepted only when paying in person. Record fees are in accordance with Oklahoma Statutes.