

TRINITY COUNSELING SERVICES LLC
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melissatrinitycounseling@gmail.com

Client Name _____ Client Number _____

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NORTH CAROLINA DIVISION OF MOTOR VEHICLES DRIVER LICENSE SECTION
Driver Privacy Protection Act Authorization
To Disclose Personal Information Form DL-DPPA-2

I understand that personal information contained in my Motor Vehicle Record is protected by the Federal Driver Privacy Protection Act and N.C. General Status 20-43.1. I hereby authorize the Release of my personal information to this person named below.

Print your full name as it appears on your North Carolina driver license

North Carolina Drivers License Number/ID.#: _____

If you did not have a driver's license for North Carolina a North Carolina Customer Number was created for you, if you have this number from talks with NCDMV, please submit this number to us. If you do not have a North Carolina Number please leave this space blank.

Social Security#: _____ DOB: _____

Person to receive information: Trinity Counseling Services LLC
1801 N Tryon St Ste 311 Charlotte NC 28206 (704) 333 2446 (704) 333 2447 (Fax)

Complete Driving History - \$8.00

Client Signature (full legal name) Date

May 2019

Counselor Signature Date