



STATE OF NORTH CAROLINA
DEPARTMENT OF TRANSPORTATION

ROY COOPER
GOVERNOR

J.R. "JOEY" HOPKINS
SECRETARY

DL-22 (Rev. 10/2023)

AUTHORITY TO RELEASE CONFIDENTIAL
MEDICAL REPORT AND RELEASE OF CLAIM

\$10.00 Fee Required
(Check or Money order)

NC Division of Motor Vehicles
Medical Review Unit
3112 Mail Service Center
Raleigh, North Carolina 27699-3112

I, _____, North Carolina Driver License Number
_____, hereby authorize the North Carolina Division of Motor Vehicles to
release and furnish a copy of my medical records and information to:

Name: _____
Street Address: _____
City and State: _____

I do hereby release, waive and relinquish all claims against the N. C. Division of Motor Vehicles,
its agents and employees, for any cause whatsoever arising out of the release of said medical
records to the above-named individual.

Signature of Customer: _____ Date: _____

Signature of Parent/Guardian if minor: _____ Date: _____

_____ (customer name) personally came before
me this day and I acknowledge the due execution of the foregoing release.

This, the _____ day of _____, 20_____.

Signature of Notary or DMV Representative: _____

My commission expires: _____.
(IMPRINT SEAL TO THE RIGHT)

Appropriate notarized release required prior to release of any medical documents.
Copies of accident records may be obtained by writing directly to: Traffic Records Section,
NC Division of Motor Vehicles, 3106 Mail Service Center, Raleigh, NC 27699-3106.