



MISSOURI DEPARTMENT OF  
**REVENUE**  
**Confidential Record Request**

You may complete this form to request that your driver or motor vehicle registration record(s) remain confidential. This may require you to provide additional proof of identification, ownership, or registration if you are stopped by law enforcement. The Department may also request this verification annually.

No one will have access to your motor vehicle records except for use by any government agency, including any court or law enforcement agency, in carrying out its functions, or any private person or entity acting on behalf of a federal, state, or local agency in carrying out its functions.

Each time you title, register, or sell a vehicle, you must complete and submit this form and the appropriate application to the Motor Vehicle Bureau so your record(s) can be updated accordingly. You are not required to use this form when you renew your registration if you use the confidential renewal notice the Department issues to you.

Name (Last, First, and Middle Initial)		Driver License Number or SSN	Agency ORI Number (if peace officer)
Street Address		City	State Zip Code
Date of Birth (MM/DD/YYYY)	Agency Name	Position or Title (Officer or Member of Judiciary)	Daytime Telephone Number (_____) ____-_____
If applicant is other than officer, provide officer's name and date of birth ____/____/____		Previous Name (if applicable)	Relationship to Officer or Member of Judiciary

Pursuant to **Section 32.056 RSMo**,

I certify that (select one):

- I am an active or retired;  
 I am an immediate family member, as defined in **Section 476.1300 RSMo**, of a

Position of Applicant or Family Member (select one)

- county, state, or federal parole officer  person vested by Article V, Section 1 of the Missouri Constitution with judicial power of the state  
 federal pretrial officer  
 member of the federal judiciary  
 peace officer

<b>Add Status</b>	Record(s) you wish to be confidential: <input type="checkbox"/> Driver Record <input type="checkbox"/> Vehicle Registration Record(s) (Complete vehicle section below)	Also attach a copy of the applicant's official employment credentials or a letter, dated within the last 30 days, from the employing agency, which verifies employment and position. If the applicant on this form is an immediate family member, a copy of the officer's employment credentials must be attached to this form.
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<b>Remove Status</b>	Record(s) you wish to remove the confidential status from: <input type="checkbox"/> Driver Record <input type="checkbox"/> Vehicle Registration Record(s) (Complete vehicle section below) <input type="checkbox"/> Temporarily remove the driver license confidential status. (Status will be re added after transaction completed) <input type="checkbox"/> Permanently remove the confidential status on the driver record and on the vehicles below (Complete vehicle section below)	This form must be presented to a Missouri Motor Vehicle and Driver License office in person to remove a confidential status from your record(s). Visit <a href="http://dor.mo.gov/offloc/">http://dor.mo.gov/offloc/</a> to locate an office near you. A faxed or mailed request will not be accepted. Identity and employment credentials of the applicant must be verified. If the applicant on this form is an immediate family member, the officer must accompany the applicant to the license office as both identities must be verified.
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**Attach a list of vehicles if necessary.**

Year	Make	Vehicle Identification Number	Current License Plate Number	Expiration Year

Under penalties of perjury, I declare that the above information and any attached supplement is true, complete, and correct. I further declare that when I discontinue being a county, state, or federal parole officer, federal pretrial officer or peace officer for any reason, I will notify the Department of Revenue.

Applicant Signature	Typed or Printed Name	Date (MM/DD/YYYY) ____/____/____
If applicant is an immediate family member of an officer, officer must sign here.	Typed or Printed Name	Date (MM/DD/YYYY) ____/____/____

**For License Office Use Only**

I have verified the identity of the applicant and of the officer or member of the judiciary if applicant is an eligible immediate family member of the officers or member of the judiciary.

Clerk ID Number	Office Number
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**For Central Office Use Only**

Processed By:	Date (MM/DD/YYYY) ____/____/____
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Form 4568 (Revised 08-2025)

**Mail to:** Motor Vehicle Bureau  
P.O. Box 2076  
Jefferson City, MO 65105-2076

**Phone:** (573) 526-1743

**Fax:** (573) 751-3551

**E-mail:** [protected.records@dor.mo.gov](mailto:protected.records@dor.mo.gov)

Visit <http://dor.mo.gov/offloc/>  
to view a list of office locations near you.

