

## NRS 293.906, NRS 293.908 and NRS 293.909 – Request for Confidentiality

This form is for any person listed in [NRS 293.908](#) or [NRS 293.909](#) who wishes to have personal information about himself or herself that is contained in the records of the Secretary of State or a county or city clerk be kept confidential. The person must first obtain an order of a court that requires the Secretary of State or the county clerk or city clerk to maintain the personal information of the person in a confidential manner.

|   |   |  |  |  |
|---|---|--|--|--|
| <b>Contact Information</b>  | Contact is Registrant <input type="checkbox"/> Date of Birth _____ NVDL# _____<br><small>MM/DD/YYYY</small> |  |  |  |
| Title _____   | Name _____<br><small>First Name Middle Initial Last Name Suffix</small>                                     |  |  |  |
| Physical Address _____  |   |  |  |  |
| City _____ County _____ State _____ ZIP/Postal Code _____   |   |  |  |  |
| Province (International Only) _____ Country _____   |   |  |  |  |
| Phone _____ Email _____   |   |  |  |  |
| <u>Military Personnel Address</u>   |   |  |  |  |
| <small>           APO: Air/Army Post Office<br/>           FPO: Fleet Post Office<br/>           DPO: Diplomatic Post Office         </small> <input type="checkbox"/> APO <input type="checkbox"/> FPO <input type="checkbox"/> DPO    |   |  |  |  |
| <small>           AE: Europe, Middle East, Africa and Canada<br/>           AP: Pacific<br/>           AA: America excludes Canada         </small> <input type="checkbox"/> AE <input type="checkbox"/> AP <input type="checkbox"/> AA |   |  |  |  |

|  |                      |
|--|----------------------|
| <b>Court Order Information</b>   |                      |
| Issuing Court _____  |                      |
| Case Number _____  | Effective Date _____ |
| If covered pursuant to NRS 293.909, then there is a 5-year expiration. Expiration Date _____ |                      |

|  |  |
|--|--|
| <b>Individuals Covered by Court Order</b>  |  |
| Note: If more than three (3) individuals are covered, additional forms must be attached.   |  |
| 1. Name _____<br><small>First Name Middle Initial Last Name Suffix</small><br>Date of Birth _____ NVDL# _____ Minor <input type="checkbox"/> Yes <input type="checkbox"/> No | <div style="border: 1px solid black; width: 80px; height: 80px; margin: 0 auto; background-color: #f0f0f0;"></div> <p><b>Total Number<br/>of Covered<br/>Individuals</b></p> |
| 2. Name _____<br><small>First Name Middle Initial Last Name Suffix</small><br>Date of Birth _____ NVDL# _____ Minor <input type="checkbox"/> Yes <input type="checkbox"/> No |  |
| 3. Name _____<br><small>First Name Middle Initial Last Name Suffix</small><br>Date of Birth _____ NVDL# _____ Minor <input type="checkbox"/> Yes <input type="checkbox"/> No |  |
|  | <div style="border: 1px solid black; width: 80px; height: 80px; margin: 0 auto; background-color: #f0f0f0;"></div> <p><b>Number of<br/>Attached<br/>Documents</b></p>        |

**Notes / Comments**

**SOS Receiving Information**

Method Received (check one): ☐ Mailroom ☐ In-Person ☐ Location Received \_\_\_\_\_

Received Date \_\_\_\_\_ Received By \_\_\_\_\_

**SOS Processing Information**

Date Entered in Data Privacy App \_\_\_\_\_ Entered By \_\_\_\_\_

Confidentiality Disclaimer - All information submitted via this form will be protected in accordance with NRS Chapters 293