

## 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 <span style="font-size: small;">MM/DD/YYYY</span> NVDL# _____	
Title _____		Name _____	
		First Name	Middle Initial
		Last Name	Suffix
Physical Address _____			
City _____ County _____ State _____ ZIP/Postal Code _____			
Province ( <i>International Only</i> ) _____ Country _____			
Phone _____ Email _____			
<u>Military Personnel Address</u>			
APO: Air/Army Post Office FPO: Fleet Post Office DPO: Diplomatic Post Office		AE: Europe, Middle East, Africa and Canada AP: Pacific AA: America excludes Canada	
<input type="checkbox"/> APO <input type="checkbox"/> FPO <input type="checkbox"/> DPO		<input type="checkbox"/> AF <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 _____ <div style="display: flex; justify-content: space-between; font-size: small;"> <span>First Name</span> <span>Middle Initial</span> <span>Last Name</span> <span>Suffix</span> </div> 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 style="font-size: small; margin: 5px 0;">Total Number of Covered Individuals</p> <div style="border: 1px solid black; width: 80px; height: 80px; margin: 0 auto; background-color: #f0f0f0;"></div> <p style="font-size: small; margin: 5px 0;">Number of Attached Documents</p>
2. Name _____ <div style="display: flex; justify-content: space-between; font-size: small;"> <span>First Name</span> <span>Middle Initial</span> <span>Last Name</span> <span>Suffix</span> </div> Date of Birth _____ NVDL# _____ Minor <input type="checkbox"/> Yes <input type="checkbox"/> No	
3. Name _____ <div style="display: flex; justify-content: space-between; font-size: small;"> <span>First Name</span> <span>Middle Initial</span> <span>Last Name</span> <span>Suffix</span> </div> Date of Birth _____ NVDL# _____ Minor <input type="checkbox"/> Yes <input type="checkbox"/> No	

**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