

# Law Enforcement Request for Disclosure Form



Tre Hargett  
Secretary of State

## Safe at Home Address Confidentiality Program

Department of State

State of Tennessee

312 Rosa L. Parks Avenue, 6th Floor

Nashville, Tennessee 37243

Phone: 615-253-3043

[sos.tn.gov/safeathome](http://sos.tn.gov/safeathome)

This form should be used only by the chief law enforcement officer of a county or municipality, or an authorized representative of the Tennessee Bureau of Investigation, the Tennessee Highway Patrol, or a federal law enforcement agency, if related to an ongoing official investigation. This form may be submitted via email to [INSOS.SAFE@tn.gov](mailto:INSOS.SAFE@tn.gov).

### REQUESTER INFORMATION

Law Enforcement Agency Name: \_\_\_\_\_

Name of Official Requesting Disclosure: \_\_\_\_\_

Title of Official Requesting Disclosure: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

### PARTICIPANT INFORMATION

Please provide all available information.

First: \_\_\_\_\_ MI: \_\_\_\_\_ Last: \_\_\_\_\_

Participant Identification #: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Participant Drivers License Number: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of Children Residing in Participant's Household: \_\_\_\_\_

Please provide any additional available information: \_\_\_\_\_

### REQUESTED INFORMATION

Provide a statement of the information requested for disclosure.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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