

DRIVER AUTHORIZATION FORM

I, _____, do hereby authorize
the State of Georgia Division of Motor Vehicles to release my driving record to

This release shall remain in full force and effect until I, myself file formal withdrawal.

Driver's full name: _____

Date of Birth: _____

_____ DL # _____
STATE

Signature

Date

Subscribed to and Sworn to Before Me	
S	Month _____ Day _____ Year _____
E	Signature _____ Title, if applicable _____
A	Municipality _____ County _____
L	Commission Expiration Date _____