

# 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