



**Georgia Department of Driver Services**  
 Customer Service, Licensing and Records Division  
 P.O. Box 80447  
 Conyers, Georgia 30013

**REQUEST FOR MOTOR VEHICLE REPORT (MVR)**

- I am requesting my own Georgia MVR. (Complete Sections 1, 3, and 4)
- I am requesting a Georgia MVR of another individual. (Complete Sections 1, 2, 3, and 4)

**PLEASE PRINT LEGIBLY**

|   |  |                                    |  |
|---|--|------------------------------------|--|
| <b>SECTION 1 – DRIVER INFORMATION (must exactly match driving record)</b> |  |                                    |  |
| <b>Full Name<br/>(First, Middle, Last)</b>                                |  |                                    |  |
| <b>Driver Date of Birth<br/>(MM/DD/YY)</b>                                |  | <b>Driver's License<br/>Number</b> |  |

|  |   |
|--|---|
| <b>SECTION 2 – THIRD PARTY REQUESTOR INFORMATION</b> |   |
| <b>Full Name<br/>(First, Middle, Last)</b>           | Elaine W. Bozeman                         |
| <b>Firm Name<br/>(if applicable)</b>                 | Worth County Board of Education           |
| <b>Address</b>                                       | 103 Eldridge Street, Sylvester, GA. 31791 |
| FOR DEPARTMENTAL USE ONLY                            |   |

|   |
|---|
| <b>SECTION 3 – TERM OF REQUEST</b>  |
| Please choose one of the following options:<br><input type="checkbox"/> <u>Three (3) year</u> Georgia MVR (\$6.00 fee) <input checked="" type="checkbox"/> <u>Seven (7) year</u> Georgia MVR ( <del>\$8.00 fee</del> )  |
| If you are requesting a Georgia MVR by mail, please include a business sized self-addressed stamped envelope along with this request and the required payment amount. By mail, we accept cashier's checks, money orders, and company checks. <b>PERSONAL CHECKS ARE NOT ACCEPTED BY MAIL.</b> |

|  |  |                            |
|--|--|----------------------------|
| <b>SECTION 4 – AUTHORIZATION TO RELEASE RECORD OF DRIVER</b> |  |                            |
| Under penalty of law, I hereby:<br>(please check one)        | <input checked="" type="checkbox"/> request release of my driving record; OR<br><input checked="" type="checkbox"/> consent to release of my driving record to the person and/or entity named in Section 2, in accordance with O.C.G.A. §40-5-2. |                            |
| <b>Signature of<br/>Driver</b>                               |  | <b>Date<br/>(MM-DD-YY)</b> |