

Dougherty County School System
Transportation Department
1730 Rodgers Street
Albany, GA 31705

Motor Vehicle Report (MVR) Consent Form

PLEASE PRINT LEGIBLY

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

SECTION 2- REQUESTOR INFORMATION	
Full Name (First, Middle, Last)	
Board of Education	
Address	

SECTION 3 - AUTHORIZATION TO RELEASE RECORD OF DRIVER			
I hereby consent to release my driving record to the person and/or entity Named in Section 2, in accordance with O.C.G.A 40-5-2			
Signature of Driver		Date (MM-DD-YY)	