



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

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 – THIRD PARTY REQUESTOR INFORMATION	
Full Name (First, Middle, Last)	KATHY ANN MEWBORN
Firm Name (if applicable)	ROCKDALE COUNTY PUBLIC SCHOOLS-TRANSPORTATION DEPT
Address	1250 S MAIN STREET CONYERS GA 30012
FOR DEPARTMENTAL USE ONLY	

SECTION 3 – TERM OF REQUEST
Please choose one of the following options: <input type="checkbox"/> <u>Three (3) year</u> Georgia MVR (\$6.00 fee) <input checked="" type="checkbox"/> <u>Seven (7) year</u> Georgia MVR (\$8.00 fee)
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. PERSONAL CHECKS ARE NOT ACCEPTED BY MAIL.

SECTION 4 – AUTHORIZATION TO RELEASE RECORD OF DRIVER			
Under penalty of law, I hereby: (please check one)	<input checked="" type="checkbox"/> request release of my driving record; OR <input 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.		
Signature of Driver		Date (MM-DD-YY)	