



**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 (First, Middle, Last)</b>			
<b>Driver Date of Birth (MM/DD/YY)</b>		<b>Driver's License Number</b>	

<b>SECTION 2 – THIRD PARTY REQUESTOR INFORMATION</b>	
<b>Full Name (First, Middle, Last)</b>	
<b>Firm Name (if applicable)</b>	Valdosta State University
<b>Address</b>	Financial Services, UC Entrance #7, 1500 North Patterson Street, Valdosta, GA 31698
<b>FOR DEPARTMENTAL USE ONLY</b>	

<b>SECTION 3 – TERM OF REQUEST</b>
<p><b>Please choose one of the following options:</b></p> <p><input checked="" type="checkbox"/> Three (3) year Georgia MVR (\$6.00 fee)</p> <p><input type="checkbox"/> Seven (7) year Georgia MVR (\$8.00 fee)</p> <p><input type="checkbox"/> Lifetime Georgia MVR (\$8.00 fee)</p> <p>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 personal checks, cashier's checks, money orders, and company checks.</p>

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