



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)	
Firm Name (if applicable)	Valdosta State University
Address	Financial Services, UC Entrance #7, 1500 North Patterson Street, Valdosta, GA 31698
FOR DEPARTMENTAL USE ONLY	

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

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