



**Athens Technical College**

**Driver's History Consent Form**

I hereby authorize Athens Technical College to receive a copy of my Georgia driver's history information (i.e., a Motor Vehicle Report) from the Georgia Department of Driver Services or comparable agency/department in my state of residence in conjunction with my application for employment or, if employed, for use relative to the performance of my official duties. I understand that my authorization shall remain in effect throughout my employment with the TCSG System Office or any associated technical college and shall permit System Office/technical college to obtain this information at any time for any valid business reason or pursuant to an applicable State Board of Technical and Adult Education policy or procedure.

**Print Full Name:** \_\_\_\_\_

\_\_\_\_\_  
Sex

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Driver's License Number

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date