



## 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 the System Office or any associated technical college by which I am employed 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.

<b>Printed Full Name:</b>	
<b>Sex:</b>	
<b>Date of Birth (MM/DD/YYYY):</b>	
<b>Driver's License Number:</b>	
<b>Signature:</b>	
<b>Date:</b>	