



**AUTHORIZATION FOR SUBMISSION OF INFORMATION
TO OBTAIN GEORGIA DRIVER'S LICENSE OR
IDENTIFICATION CARD**

I, _____, authorize the Georgia Department of Corrections (GDC) to apply for a Georgia driver's license or identification card on my behalf, for whichever I am qualified, with the Georgia Department of Driver Services (DDS). I swear and affirm that all information provided to the GDC is true and accurate. I authorize submission of my required personal information to the DDS, as I have provided to the GDC. I also authorize the DDS to verify and release required information to third parties, as authorized or required by Georgia and/or federal law.

I am aware that I must notify the Department of Driver Services of my residence address no later than sixty (60) days after my release from incarceration.

Printed Name

GDC ID

Signed Name

Date of Birth

Date