AUTHORIZATION FOR RELEASE
OF DEPARTMENT OF PUBLIC SAFETY/DEPARTMENT OF DRIVER SERVICES RECORDS

LICENSEE'S NAME (PLEASE PRINT): _____
DRIVER'S LICENSE NUMBER: _____
DATE OF BIRTH: _____

To the Department of Driver Services:

You are hereby authorized to release to my attorney, D. Benjamin Sessions, any and all information they request concerning the status of my drivers license and my motor vehicle record, including, but not limited, to the following: any past and/or pending driving offenses, the nature and circumstances regarding any and all suspensions, revocations, and reinstatements, and the submission of any documentation by me to the Department of Public Safety/Department of Driver Services. My attorney is authorized to have full access to all such records, documents, and information. Please cooperate with them in furnishing copies and information. I further authorize my attorney to communicate with DDS on my behalf with regard to any administrative license suspension action taken against my driver's license or privilege to drive in Georgia.

A photocopy or facsimile of this authorization shall be deemed as an original.

The mailing address for my attorney is:

D. Benjamin Sessions
3155 Roswell Rd., Ste. 220
Atlanta, GA 30305

This _____ day of _____ , _____.

_____
LICENSEE