



**State of Georgia
Department of Driver Services
P.O. Box 80447
Conyers, Georgia 30013
678-413-8400**

DRIVER TRAINING SCHOOL PARENTAL AFFIDAVIT

TYPE OR PRINT IN INK

I, _____ on _____ hereby
(Parent or Legal Guardian's Name) (Date)

swear or affirm that I have granted permission for _____
(Licensed Driving School Instructor)

of the _____ to sign the driver's license form for
(Driver License Training School)

my minor child.

_____ to receive his/her driver's
(Name of Minor) (Date of Birth of Minor)

license.

Signature: _____
Parent or Legal Guardian

MUST BE NOTARIZED

Sworn to and subscribed before me this

Notary Seal Here

_____ day of _____ 20_____.

Notary Public