



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

GENERAL RELEASE

For good and valuable consideration, the undersigned releases and forever discharges

_____, License No. _____

Name

Date of Birth _____, from all claims and causes of action the

undersigned now or may have on account of damages resulting from the accident which

occurred on _____, 20_____. By the execution and acceptance

of this release, the parties each agree that the same may be used by the Safety

Responsibility Unit in the administration of any provision of O. C. G. A. §40-9-35.

Dated _____, 20_____

Company on behalf of

Signature

Contact telephone #

Print Name

Email

-0-

Sworn to and subscribed to before me this _____ day of _____, 20_____.

Notary Seal

Notary Public Signature

My commission expires _____