

# MVR Release Form

I hereby authorize AGA Insurance Company, 1041A Cambridge Square, Alpharetta, Ga 30004 (770-475-4311 Contact Agent: Allana Tompkins ext. 106) to release my MVR record to Simpsonwood United Methodist Church, 4500 Jones Bridge Circle, Norcross, Ga 30092 (770-441-2181 Contact: Linda Romarion, Church Administrator).

Name \_\_\_\_\_

Address \_\_\_\_\_

City & State & Zip Code \_\_\_\_\_

Date of Birth \_\_\_\_\_

Driver's License # \_\_\_\_\_

State of Driver's License \_\_\_\_\_

Signed \_\_\_\_\_

Date \_\_\_\_\_

Notary Signature \_\_\_\_\_

Date \_\_\_\_\_

Notary Name \_\_\_\_\_

Notary Expiration Date \_\_\_\_\_

State of \_\_\_\_\_

County of \_\_\_\_\_

Notary Seal or Stamp