

AUTHORIZATION FOR THE TRANSFER AND/OR RELEASE OF ASSESSMENT RESULTS

SECTION 1: Student/Offender Information (Student/Offender must complete this Section)

Last Name Suffix (Jr., Sr., III)

First Name Middle Name (if applicable)

Date of Birth Social Security Number (if applicable)

SECTION 2: Transfer Type (Student/Offender must complete this Section)

I request that my Assessment results be transferred and/or released for the following reason:

- Release/Transfer of Assessment results to a Clinical Evaluator
- Release/Transfer of Assessment results to another Risk Reduction Program
- Release/Transfer of Assessment results to a Court Official, Probation Officer, Employer

SECTION 3: Transfer Information (Student/Offender or Program initiating transfer must complete this Section)

Name of Program Assessment results Released by/Transferred FROM:

Program Name Certification No.

Student / Offender's Certificate of Completion # Date of Completion

Name of Program or Clinical Evaluator Assessment results Release or Transferring TO:

Program/Clinical Evaluator Name Certification No.

SECTION 4: This Section should only be completed by the Student/Offender if Assessment results are being released/transferred to someone other than a Risk Reduction Program or Clinical Evaluator (Court, Probation Officer, Employer, etc.)

Name of Person or Organization Receiving Assessment Results

SECTION 5: Department of Driver Services Approval

Reason for transfer of Assessment results to another Risk Reduction Program:

- Course Cancellation Ga. Admin. Comp. Ch. 375-5-6-.14(c)(1)
- Student/Offender has moved +30 miles from where assessed Ga. Admin. Comp. Ch. 375-5-6-.14(c)(2)
- Program closure/Temporary Closure
- Documented Emergency Ga. Admin. Comp. Ch. 375-5-6-.14(c)(3)

I do hereby authorize and release the above-referenced program to transfer and/or release my Assessment results to the Program, Clinical Evaluator, or other person/organization named herein. I understand that I may be charged a fee of up to \$25 to have my Assessment results transferred to a Clinical Evaluator or to have my Assessment results transferred to another program, if I have moved more than 30 miles from where I was assessed. I further understand that this release authorization shall remain valid for a period of 90 days and may be revoked at any time, if done so in writing.

Signature of Student/Offender

Name of DDS Official Approving Transfer

Signature of Program Official Initiating Transfer

Date

IMPORTANT

- (1) Verbal approval from the Department of Driver Services is required before Assessment results can be transferred to another Risk Reduction Program.
- (2) The name of the DDS official approving the transfer must be documented on this form.
- (3) Approval may be obtained by contacting 678-413-8745 by 4:00 p.m. Monday through Friday, excluding holidays.