



Georgia Driver's Education Grant Scholarship Program Driver Training School – New User Access Form

Driver Training School Name: _____

Driver Training School Certification Number: _____

FIRST NEW USER

First Name of New User

Last Name of New User

Email Address

Phone Number

User Role: Redeem Scholarship Submit Invoice Redeem Scholarship and Submit Invoice

SECOND NEW USER

First Name of New User

Last Name of New User

Email Address

Phone Number

User Role: Redeem Scholarship Submit Invoice Redeem Scholarship and Submit Invoice

Authorized By: _____

Authorized Signature: _____

Date: _____

Email this form to gdec@gohs.ga.gov

Or mail to

Georgia Driver's Education Commission

7 Martin Luther King, Jr., Dr.

Suite 643

Atlanta, Georgia 30334