

**Relinquishment of a:  
Georgia Prestige, College/University Commemorative or Other  
Special License Plate Not Requiring Special Qualifications**

Typed or Printed Full Legal Name(s) of the License Plate's Current Registered Owner(s)  John Doe	
Address  1234 Your St.	
City, State & Zip  Your City, GA 31401	County of Residence  USA
<b>Check Applicable Box Below &amp; Enter Tag Number Combination in Designated Space</b>	
<input type="checkbox"/> Prestige	Tag Number/Combination
<input checked="" type="checkbox"/> College or University	Tag Number/Combination
<input type="checkbox"/> Other Special License Plate	Special License Plate Category
	Tag # /Combination
I/we, the registered owner(s) relinquish ownership of the Georgia license plate described above.	
Full Legal Signature(s) of Registered Owner(s) <b>Relinquishing</b> License Plate  Savannah College of Art and Design	Date
Driver's License Number(s) & Name of Issuing State or Country of Persons <b>Relinquishing</b> License Plate	
Full Legal Signature(s) of Owner(s) <b>Accepting</b> License Plate  X	Date
Typed or Printed Full Legal Name(s) of Person(s) <b>Accepting</b> License Plate	
Driver's License Number(s) & Name of Issuing State/Country of Person(s) <b>Accepting</b> License Plate	
Address of Person(s) <b>Accepting</b> License Plate	

I/we understand that by signing this form and accepting this license plate, the applicable registration fees and ad valorem tax decisions will be made based on my/our registration period and not the registration period of the previous owner(s) of this license plate. I/We understand that the license plate cannot be relinquished until the registration period of the new owner(s).

Print this form!

Clear form