



**CERTIFICATE OF ELIGIBILITY
FOR RESTORATION
OF DRIVING PRIVILEGES
FOLLOWING SCHOOL SUSPENSION**

Student's Full Name _____ Sex _____ D.O.B _____
Last First Middle

Student's Address: _____
Street and Apartment Number

City, State, Zip

School Name: _____

School Address: _____
Street and Apartment Number

City, State, Zip

Phone: _____ Certifying Official _____
Print or Type Name

I hereby certify that the above-named student has terminated his/her secondary education as of _____ (date).

Note: In order to reinstate, the student must provide proof of one of the following in addition to this form:

- enrollment in a postsecondary school
- evidence of pursuit or completion of a General Education Diploma (GED)
- evidence of pursuit or completion of a high school diploma, a special diploma, or a certificate of high school completion

I hereby certify that the notice of school suspension/non-compliance was sent in error by this school.

Original Signature _____ Date _____
(no stamp or electronic signatures)

Notary:
Sworn to and subscribed before me this _____ day of _____ 20____.

Notary Public

Seal