W w w w. d m v Now . c o m Virginia Department of Motor Vehicle Post Office Box 27412 Richmond, Virginia 23269-0001
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## Virginia Driver Training PARENTAL CONSENT FOR ONLINE DRIVER EDUCATION EXAMINATION

**Purpose:** Use this form to give consent for students under age 18 to take the online drivers education examination at the driver training school that offered the online course.

**Instructions:** The student's parent/guardian must complete this form. The completed form must be submitted to the DMV-licensed driver training Instructor at the test site prior to taking the examination.

STUDENT INFORMATION						
STUDENT FULL LEGAL NAME (print) (last)	(first)	(middle)	(suffix)	BIRTH DATE (mm/dd/yyyy)		
STREET ADDRESS		CITY	STATE	ZIP CODE		
TEST SITE INFORMATION						
SCHOOL NAME						

SCHOOL STREET ADDRESS	CITY	STATE	ZIP CODE
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SCHOOL PHONE NUMBER	SCHEDULED TEST DATE		

## PARENT/GUARDIAN SIGNATURE

By signing this form, I give consent for my child to take the online driver's education examination at the driver training school that offered the online course. I understand that the examination will be administered and monitored by a DMV-licensed Instructor. I understand that my child must present an acceptable form of identification prior to being allowed to take the test. DMV acceptable identification documents include:

- DMV issued Learner's Permit/Identification Card
- PassportGovernment issued ID

- School ID
- Failure to present proper identification will result in my child not being allowed to take the final examination. I certify and affirm that all information presented in this form is true and correct. I make this certification and affirmation under penalty of perjury and I understand that knowingly making a false statement or representation on this form is a criminal violation.

PARENT/GUARDIAN NAME (print)	PARENT/GUARDIAN SIGNATURE	DATE (mm/dd/yyyy)