Driver Education Certification Request Form

Registry of Motor Vehicles ● Driver Education Certificate Department
P.O. Box 55889 ● Boston, MA 02205-5889

Under the pains and penalties of perjury, I hereby confirm that the below named student(s) has satisfactorily completed all requirements of the Driver Education Program, including the classroom component, on-road component (consisting of both behind-the-wheel and observation requirements), and if applicable, a parent, guardian, or designee has attended the parent/guardian class at the below named driving school. Such instruction was in accordance with all applicable statutes, regulations and guidelines set forth by the Registry of Motor Vehicles including, but not limited to, all specific curriculum requirements.

School Name | School #

Address

Street Address | City | State | Zip Code

Authorized Administrator Name

Signature: _____ Date: _____

(Proprietor, Director, or Officer)

Student Name (please type or print)	**Permit/License #**	**Student Email Address**	**DOB** (MM/DD/YY)	**Course Start Date**	**Course Completion Date**	**Final Exam Score**

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