

Jordan Driving School, Inc.
8420 University Executive Park Drive

Suite 820

Charlotte, NC 28262

“A Quality Program”

Date: _____

Full Name of Student _____

(Will need to match Birth Certificate)

As a parent or legal guardian of the above referenced student, I request that Jordan Driving School release all necessary information regarding my child as it pertains to Driver Education. I acknowledge this process can take 2 business days to release the information to the private or public school listed

below. Jordan Driving School has permission to release this information to:

Private Driving School: _____

Attention: _____

Or

Public School Driver Education: _____

Attention: _____

Address: _____

School student took the classroom portion at: _____

Month/Year student took the classroom portion: _____/_____

School student attends or attended in Mecklenburg County: _____

Print Parent Contact Name: _____

and #: (____) _____ - _____

JDS Only: Restricted Instruction Permit Given **Yes / No**