Charlotte-Mecklenburg Schools / Jordan Driving School Student Transfer Request for Driver Education Records

Request Date: _____

Student Full Name: _____ (Must match birth certificate)

Date of Birth: _____

School Attended at Time of Classroom Instruction: _____

Date Classroom Portion Completed: _____ **School where class was taken**: _____

School you choose for Behind the Wheel: _____

Current Mailing Address (for return of records):

_____

_____

_____

Authorization I hereby authorize the release and transfer of my driver education records from Charlotte-Mecklenburg Schools (CMS) / Jordan Driving School for the purpose of continuing driver education services at another provider.

Student Signature: _____ **Date:** _____

Parent/Guardian Signature _____ **Date:** _____

Submission Instructions Please complete, sign, and return this form.

Mail to: Jordan Driving School 8420 University Executive Park Drive, Suite 820 Charlotte, NC 28262

Or email scanned copy to: jordanschool@bellsouth.net

Questions: 704-566-9900

For JDS Use Only Date Received: _____ Restricted Permit: Yes ☐ No ☐