

Jordan Driving School, Inc.
8420 University Executive Park, Suite 820
Charlotte, NC 28262

Office: (704)566-9900

Fax: (704)537-6179

TRANSFER RELEASE FORM
Student Information

As the parent and/or legal guardian of the student listed below I request that Jordan Driving School release all necessary information, as it relates to Driver Education, to the public school system or the private driving school listed below.

(Please print all information)

1. Private driving school name: _____

Attention: _____

2. Public school system: _____

Attention: _____

Address: _____

The following information must be filled out completely:

Full name of student as on their birth certificate:

Name of school where classroom phase was taken:

Date of class: _____

School student attends in Mecklenburg County: _____

School put on registration form to do behind-the-wheel phase: _____

Student birthdate: _____

Parent name: _____

Phone number: _____

Parent signature: _____

Please Note: Incomplete information could result in a delay in information being released. Under normal circumstances we will have paperwork ready within 48 hours after receiving the Transfer Release Form.

JDS only: Date received: _____

Student has Restricted Permit: _____ Yes _____ No