

**NOTIFICATION TO THE DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES
STUDENT COMPLIANCE WITH ENROLLMENT REQUIREMENTS
FOR A HOME EDUCATION PROGRAM**

This is to provide verification to the Department of Highway Safety and Motor Vehicles that the following student, who received Notice of Intent to Suspend/Withhold Eligibility for Licensure due to non-attendance has been enrolled in a home based education program 30 consecutive days.

Student's Full Legal Name: _____
(First, Middle, Last)

Mailing Address: _____

Driver License/Control Number: _____ Gender: ___Male___Female

Date of Birth: ____/____/____ Social Security Number: _____

District Name: _____ District Number: _____

School Name: _____ School/Institution Number: _____

Date: ____/____/____

Authorized Signature of School Official: _____
(Signature must be notarized or school seal affixed)

Title: _____

Typed or Printed Name of Person Signing Form: _____

Notary Public

State of Florida at Large

My commission expires: ____/____/____

School Seal

Original signatures required.

For additional information contact:

Name _____ Telephone: _____

You may mail, fax or e-mail this completed form to: DHSMV, 2900 Apalachee Parkway, MS #39, Tallahassee, Florida 32399-0570. The fax number is (850)-617-5095 and the e-mail address is Truancy@flhsmv.gov. If the license is suspended, present this form to a driver license or a tax collector's office for reinstatement of your driving privilege. A \$45 reinstatement fee is required for a suspended license.

Note: This form may only be accepted within 30 calendar days of its completion.

HSMV 72871 (07/15)