

Student Record and Completion Form

Classroom

Full Name				Date of Birth		Age (at class start)		Phone Number	
Street Address				City		County		State	Zip Code
Name of Driving School			Branch Location		School Number		Maryland State Issued ID: (Authorized School Official)		
Date	Start Time	End Time	Hours	Unit			Instructor Initials	Instructor ID Number	Test Score*

***Answer sheets must be attached.** Final Score: _____

I certify under penalty of perjury that the above information is true and correct to the best of my knowledge, information and belief.

_____	Date	_____	Date
Authorized School Official's Signature		Student's Signature	

Behind the Wheel

Date	Start Time	End Time	Hours	Lesson	Tag Number	Instructor Initials	Instructor ID Number	Grade**

**Grade: S = Satisfactory, U = Unsatisfactory

I certify under penalty of perjury, that the above information is true and correct to the best of my knowledge, information and belief.

_____	Date	_____	Date
Authorized School Official's Signature		Student's Signature	

Electronically Submitted On	Submitted By
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Electronic or hard copy must be held in each students records. A printed copy must be made available to the student and administration.