MARYLAND DEPARTMENT OF TRANSPORTATION
MOTOR VEHICLE ADMINISTRATION

6601 Ritchie Highway, N.E.
Glen Burnie, Maryland 21062

DE-003 (09-25)

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. Additional classroom lines on next page.** | 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.

Authorized School Official's Signature Date

Student's Signature Date

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.

Authorized School Official's Signature Date

Student's Signature Date

Electronically Submitted On	**Submitted By**

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

Classroom (continued)

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.

Authorized School Official's Signature Date

Student's Signature Date