

**NOTIFICATION TO THE DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES  
STUDENT COMPLIANCE WITH ATTENDANCE REQUIREMENTS  
FOR REINSTATEMENT OF DRIVING PRIVELEGE/ELEGIBILITY FOR LICENSURE**

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, is in compliance with attendance requirements in S.322.091(1).

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 Compliance Occurred: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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: \_\_\_\_\_

For compliance with the Notice of Intent to Suspend/Withhold Eligibility for Licensure, mail or fax this completed form to: DHSMV, Bureau of Driver Improvement, 2900 Apalachee Parkway, MS#85, Tallahassee, Florida 32399-0570. ATTENTION: Donald Klein. The fax number is (850) 414-7453. If the Order of Suspension was also received, the form can be presented to the local driver licenses office for reinstatement. A \$25 reinstatement fee is also required for a suspended license.

**HSMV 72870 (8/02)**