

**NOTIFICATION TO THE DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES  
STUDENT COMPLIANCE WITH ATTENDANCE REQUIREMENTS  
FOR REINSTATEMENT OF DRIVING PRIVILEGE/ELIGIBILITY 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: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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: \_\_\_\_\_

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***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](mailto: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 72870 (07/15)***