



OFFICE OF THE SECRETARY OF STATE
DRIVER SERVICES DEPARTMENT

Adult Driver Education Course Record Card
Applicants Ages 18-20

Student's Last Name, First Name, Middle Initial: _____

Date of Birth: _____

Phone Number: _____

E-Mail Address: _____

Address-City-Zip: _____

Instruction Permit # (If applicable): _____

Date	Time	Final Exam Score*	Instructor's Signature	Student's Signature (Optional)

***Attach Final Exam to Record Card**