

Start Date: \_\_\_\_\_ End Date \_\_\_\_\_ School Location \_\_\_\_\_

Certificate # \_\_\_\_\_

**Above information to be filled out by Instructor**

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**Green Slip Release Form**

**Student information:**

Last: \_\_\_\_\_ First: \_\_\_\_\_ Full Middle: \_\_\_\_\_  
*(The name above must match birth certificate exactly)*

Address \_\_\_\_\_  
Street city state zip

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

*Please check a box to indicate your instructions*

- Yes, please release the Green Slip to my son or daughter.
- Only release the Green Slip to a Parent. **(This will be via mail)**
- Other (please specify)

I understand the Green Certificate (DSMV210) shows the completion of the Driver Ed Program offered by Granite State Driving School. **I also understand the issuance of the Green Certificate does not imply that the student is capable of operating a motor vehicle without continual proper adult supervision.** By signing below I agree and understand the risks involved with the responsibility of allowing my son/daughter to operate a motor vehicle. I also agree Granite State Driving School has provided my son/daughter the following to meet or exceed the requirements of the State of NH Department of Safety Driver Education Division. 30 Classroom Hours, 10 Hours Behind the Wheel Instruction, 6 Hours Observation Time.

**By signing this line I have read, agree and understand ALL the information above.**

Parent Signature \_\_\_\_\_