

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 Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Full Middle: \_\_\_\_\_  
(The above name must exactly match the name on his/her birth certificate)

Address: \_\_\_\_\_  
Street City/Town State Zip

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

### Please check one of the following boxes

- Please release the Green Slip to my son or daughter
- Please release the Green Slip to a parent only
- 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 mean or imply in any way that the student is capable of operating a motor vehicle without continual proper adult supervision. Furthermore, I agree and understand the risks involved and accept the responsibility of allowing my son/daughter to operate a motor vehicle. I also agree that Granite State Driving School has provided my son/daughter the following in order to meet or exceed the requirements of the State of NH Department of Safety Driver Education Division which include 30 Classroom Hours, 10 Hours of Behind the Wheel Instruction, 6 Hours of Driving Observation.

- By checking this box, I certify that my son/daughter has completed at least 6 hours of observation with someone 25 years of age or older.

By signing this form, I signify that I have read, agreed to, and understand ALL of the above information.

Parent Signature: \_\_\_\_\_ Contact Number: \_\_\_\_\_