

Date: \_\_\_\_\_

Department of Highway Safety and Motor Vehicles  
2900 Apalachee Parkway, MS #39  
Tallahassee, Florida 32399-0570

Dear Field Support:

This is to notify you that the following student's name was transmitted to the Department of Highway Safety and Motor Vehicles in error:

Student's name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

\_\_\_\_\_  
*Social Security Number, if available*

\_\_\_\_\_  
*Driver's License Number, if available*

Thank you for correcting the student's driver's record.

Sincerely,

Principal/Designee

\_\_\_\_\_  
*Authorized Signature*

\_\_\_\_\_  
*Title*

***(Signature must be notarized)***

Typed or Printed Name of Person Signing Form: \_\_\_\_\_

Notary Public - State of Florida at Large

\_\_\_\_\_  
My commission expires: \_\_\_\_\_

School Seal

Note: You may mail, fax or e-mail this completed form to:  
DHSMV, 2900 Apalachee Parkway, MS #39, Tallahassee, Florida 32399-0570.  
Fax: (850)-617-5095  
Email address is: [Truancy@flhsmv.gov](mailto:Truancy@flhsmv.gov)