

**BLUE BELL DRIVING SCHOOL**  
**661 W. Germantown Pike Ste-205**  
**Plymouth Meeting, PA 19462**  
**610-397-0727**

## **Parent Guardian Test Scheduling Authorization Form**

Date \_\_\_\_\_ Parent/Guardian Name \_\_\_\_\_

Student Name \_\_\_\_\_ Birth date \_\_\_\_\_

Driver ID \_\_\_\_\_ Last Four SS# \_\_\_\_\_

Permit Expiration Date \_\_\_\_\_

Test Eligibility Date \_\_\_\_\_

Email Address \_\_\_\_\_

I am certifying under penalty of law, I am authorizing **Blue Bell Driving School** to access the requested information, and that all information contained herein is true and correct. I am also authorizing **Blue Bell Driving School** to schedule a driving skills exam for above listed driver ID.

Parent/Guardian Signature \_\_\_\_\_