

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# _____

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.

Guardian Signature _____