



**STATE OF GEORGIA
DEPARTMENT OF MOTOR
VEHICLE SAFETY
P.O. BOX 80447
CONYERS, GEORGIA 30013
404-657-9300**

CERTIFICATE OF ATTENDANCE

TYPE OR PRINT IN INK

Student's Full Name _____ Sex _____ D.O.B _____
Last First Middle

Address: _____

School Name: _____

Address: _____

Phone: _____ Certifying Official _____

Officials's Title _____

Signature _____ Date _____

Notary:
Sworn to and subscribed before me this
_____ day of _____ 20____.

Notary Public

Seal

The above named student is enrolled in and not under suspension or expulsion from

Name of School

And has not been absent more than ten (10) consecutive days for unexcused absences in any semester or combination of two consecutive quarters.

Submit this form to a License Examination Facility. Form must be submitted to Department of Motor Vehicle Safety within 30 days.