

WITHDRAWAL OF CONSENT



Check all boxes below that describe the documents that DMV issued. If you have the documents, attach them to this form.

Class DJ License
 Class MJ License
 Learner's Permit
 Learner's Permit (*Motorcycle*)

Name on Document		Date of Birth	<input type="checkbox"/> Male <input type="checkbox"/> Female
Mailing Address (Street & Number)		Apt. #	Client ID No.
City	State	Zip Code	Print Name of Parent of Guardian

I am the parent or guardian who consented to the issuance of a license or learner's permit to the person named above. By signing this form, I am advising the Department of Motor Vehicles that I withdraw my consent.

X _____ (Date)
 _____ (Signature of Parent or Guardian)

Return this form, and the documents to be canceled, to a Motor Vehicles office, or send them to the NYS Department of Motor Vehicles, Driver Improvement Bureau, 6 Empire State Plaza, Albany NY 12228.

