

### 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.

 \_\_\_\_\_ (Signature of Parent or Guardian)
 \_\_\_\_\_ (Date)

**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.**

