



# Community & Professional Education

## Driver Education – Consent to Participate

### STUDENT Information

(This information will be used to complete your MV-285 certificate so please use or full legal name.)

Name: \_\_\_\_\_  
Last First M.I.  
(as it appears on your Permit or License)

License/Permit ID#: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email address: \_\_\_\_\_

I \_\_\_\_\_ understand the Attendance/Participation Policy as outlined and agree to abide (student name) by it and be held responsible.

Student's Signature: \_\_\_\_\_

### PARENT/GUARDIAN Information

\*Please provide information for parent/guardian who will be conducting in car sessions. We will be sharing your name and contact information with Bell's Driving School who will provide the in car curriculum. The college will NOT provide any in car instruction.

Parent/Guardian Name: \_\_\_\_\_

Email address: \_\_\_\_\_ Phone: \_\_\_\_\_

I \_\_\_\_\_ hereby give consent for my son/daughter to take Driver Education at Hudson Valley Community College and have reviewed the attendance/participation policy with my son/daughter. I understand if we do not meet the NYS mandated time requirements my son/daughter will not receive the MV-285 certificate of completion. By signing below, I agree to the Terms and Conditions set forth on the attached document and will adhere to said rules and regulations of the program.

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

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