



# 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 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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