



Withdrawal/Reinstatement of Parental Consent

The form can be mailed or submitted in person to Driver and Vehicle Services, 445 Minnesota St. - Suite 170, St. Paul, Minnesota 55101-5170. It may also be faxed to 651-797-1760

- If you have questions or need additional information, please contact DVS at 651-296-2025 or 651-282-6555 (TTY).
- To ensure that this request is processed in a timely manner, please type or print legibly.

Name (LAST, FIRST, MIDDLE INITIAL)

Date of Birth (mm/dd/yy)

DL Number (OMIT DASHES)

A Withdrawal of Parental Consent

- I am requesting that Driver and Vehicle Services **cancel** the driving privileges of the above-named child, who is under age 18.

B Reinstatement

- I request that the driving privileges of the above-named child, who is under age 18, be reinstated. I understand that he or she may **not** operate a motor vehicle until receiving written notification from Driver and Vehicle Services that driving privileges have been reinstated.

I have read and fully understand the procedures for canceling and reinstating the above-named child's driving privileges. I have informed him/her that s/he may not operate a motor vehicle until receiving written notification from Driver and Vehicle Services that his/her driving privileges have been reinstated.

I also state that I am the parent/guardian who signed the application originally granting consent to drive, or who signed the Withdrawal of Parental Consent/Voluntary Surrender form canceling the driving privileges of the above-named minor child.

Parent/guardian signature of above-named minor child

Date (mm/dd/yy)