



MINNESOTA DEPARTMENT OF PUBLIC SAFETY
DRIVER AND VEHICLE SERVICES

Withdrawal/Reinstatement of Parental Consent

Upload online: drive.mn.gov	FAX: 651-797-1760	EMAIL: dvs.investigations-fines@state.mn.us.	QUESTIONS: 651-296-2025 TTY 651-282-6555	Mail: 445 Minnesota St, Ste 170 St Paul, MN 55101
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First Name Middle Name Last Name Date of Birth

Driver's License Number

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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.

Tennessee Warning

What is the purpose of supplying the requested information?

The Department of Public Safety ("DPS") collects the information on this form for record keeping purposes as required by the Minnesota Government Data Practices Act, Minn. Stat. § 13.04(02).

Am I required to provide the requested information?

You are not legally required to complete this form.

What will happen if I do not provide the requested information?

You can refuse; however, DPS will consider your application incomplete and cannot complete your request.

Who will have access to the requested information?

DPS may disclose personal information when it relates to the operation or use of a vehicle or to public safety. The use of personal information relates to public safety if it concerns the physical safety or security of drivers, vehicles, pedestrians or property. The personal information you provided is classified by 18 U.S.C. § 2721 and the Minnesota Government Data Practices Act, Minn. Stat. Ch. 13 and is subject to disclosure in accordance with these laws.

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)