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OFFICE OF THE SECRETARY OF STATE
DRIVER SERVICES DEPARTMENT

# Adult Driver Education Course Record Card

## Applicants Ages 18-20

Student's Last Name, First Name, Middle Initial: _____

Date of Birth: _____

Phone Number: _____

E-Mail Address: _____

Address-City-Zip: _____

Instruction Permit # (If applicable): _____

| Date | Time | Final Exam Score* | Instructor's Signature | Student's Signature (Optional) |
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***Attach Final Exam to Record Card**

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