



OFFICE OF THE SECRETARY OF STATE  
DRIVER SERVICES DEPARTMENT

TRAFFIC & COMPLIANCE SECTION  
2701 S. DIRKSEN PKWY.  
SPRINGFIELD, IL 62723  
217-785-8619  
www.cyberdriveillinois.com

**WITHDRAWAL OF CONSENT FOR A MINOR**

I, \_\_\_\_\_, state and confirm as follows:

Name

1. That I request the cancellation of the driver's license or instruction permit for the minor

\_\_\_\_\_; \_\_\_\_\_ DL/IP # \_\_\_\_\_  
Name Date of Birth

2. That I have primary custody of the above mentioned minor. (NOTE: A copy of the court order reflecting custody status must be submitted with this affidavit.)

3. That my relationship to the above mentioned minor is that of

\_\_\_\_\_  
(Parent/Legal Guardian, Person in Loco Parentis, Other)

If Other, explain relationship: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Under penalties as provided by law pursuant to Section 1-109 of the Code of Civil Procedure (735 ILCS 5/1-109), the undersigned certifies that the statements set forth in this instrument are true and correct, except as to matters therein stated to be on information and belief and as such matters the undersigned certifies as aforesaid that he/she verily believes the same to be true.

Signature: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
(Notary Public)

My commission expires \_\_\_\_\_.