

PARENTAL CONSENT FORM

PARENTAL CONSENT FORM MUST BE FILLED OUT AND SIGNED BEFORE A NOTARY PUBLIC OR DRIVER LICENSE EXAMINER

I certify that I am a Parent/Guardian of (print full legal name) _____

and I hereby grant permission for her/him to:

(Check all that apply)

€ Apply for a South Dakota driver license or permit under the requirements of South Dakota law;

€ Apply for a South Dakota non-driver identification card under the requirements of South Dakota law;

€ Have the organ/tissue donor indicator placed on the driver license, permit, or non-driver identification card.

Parent/Guardian Signature _____ Print name _____

Present address _____ City, State, Zip

Subscribed and sworn to before me on this _____ day of _____, 20____

Notary Public, State of South Dakota

My Commission Expires:

Notary Public's Seal:

Driver License Examiner's Signature/ Employee #

This form is valid for 30 days from the date given by the Notary Public or Driver License Examiner.