



PARENTAL AUTHORITY HOLDER'S CONSENT

I, the undersigned, _____ father or guardian of _____, student at _____ driving school, authorize my son/daughter to be filmed during the course assessment procedure, which will take place on _____ (DD/MM/YYYY).

I am aware that his/her face and voice will be filmed, taped and recorded, during this particular class and that it will be used for evaluation purposes only.

Father or guardian's name _____
Father or guardian's signature _____
Student's name _____
Attestation number _____
City and date (DD/MM/YYYY) _____

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