



MINNESOTA DEPARTMENT OF PUBLIC SAFETY  
DRIVER AND VEHICLE SERVICES

**Withdrawal of Parental Consent / Voluntary Surrender**

Print this completed form. The form can be mailed or submitted in person to Driver and Vehicle Services, 445 Minnesota Street - Ste. 170, St. Paul, Minnesota 55101-5170. It may also be faxed to 651-282-2463.

- If you have questions or need additional information, please contact DVS at 651-296-2025 or 651-282-6555 (TTY).
- To ensure that this request is processed in a timely manner, please type or print legibly.

\_\_\_\_\_  
Name (LAST, FIRST, MIDDLE INITIAL)

\_\_\_\_\_  
Date of Birth (mm/dd/yy)

\_\_\_\_\_  
DL Number (OMIT DASHES)

**A Withdrawal of Parental Consent / Voluntary Surrender**

- I am requesting that Driver and Vehicle Services **cancel** the driving privileges of the above-named child, who is under age 18.
- I am over age 18 and voluntarily request **cancelation** of my driving privileges.

**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.
- I am over age 18 and request that my driving privileges be reinstated. I understand that I may **not** operate a motor vehicle until I receive written notification from Driver and Vehicle Services that my driving privileges have been reinstated.

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 from Driver and Vehicle Services written notification 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)

I have read and fully understand the procedures for voluntarily canceling and reinstating my driving privileges. I will not operate a motor vehicle again until I receive written notification from Driver and Vehicle Services that my driving privileges have been reinstated.

\_\_\_\_\_  
**Signature of license holder over age 18**

\_\_\_\_\_  
Date (mm/dd/yy)