

Morrow County School District

Code: **JHFDA-FORM(2)**
Adopted: 5/12/03
Rescind All: 10/14/19

Notice of Withdrawal

Student Name (Print Last, First, Middle)		
Student Address _____ Code _____		City _____ State _____ Zip _____
Date of Birth (MM/DD/YYYY)	Oregon Driver License/ID Number (If Known)	Last Day of Attendance (MM/DD/YYYY)
<p>I hereby notify the Department of Transportation to suspend the driving privileges of the above named student because the student is considered to have withdrawn from school per ORS 339.257 (2). The policy adopted under ORS 339.257 meets all requirements of the law including: The number of days of unexcused absence; the age of the student; and, a provision allowing the student to appeal this decision.</p>		
Name of School District or Private School		Telephone Number (_____) _____
Address _____ Code _____		City _____ State _____ Zip _____
Title: <input type="checkbox"/> School District Superintendent <input type="checkbox"/> School Board Member/Superintendent <input type="checkbox"/> Authorized Representative of Private School		
Name of Authorized Person (Please Print)		
Signature X _____		Date _____

735 7186 (00) _____ White copy to DMV, Yellow copy for your records _____ STK# 300161