

Secretary of State  
Commercial Driver Training School Section  
Driver Education Verification Form

*This portion to be completed by student and parent/guardian:*

Name and address of driver training school: Top Driver 1402 Techny Road Northbrook, IL 60062 800-374-8373 School code: #9503	<b>Send to Top Driver at:</b> <b>Top Driver</b> <b>38810 Ryan Rd #107</b> <b>Sterling Heights, MI 48310</b> <b>Phone: 800-374-8373 Fax: 800-417-4759</b> <b>Email: grades@topdriver.com</b>		
Student's Full Legal Name:	LAST	FIRST	MI
Student's Street Address:			
Student's City/Town:	State:	Zip code:	

\_\_\_\_\_  
*Signature of Student*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Signature of Parent/Guardian*

\_\_\_\_\_  
*Date*

Name of high school:	
School address:	Phone number:
School City, State, & Zip Code:	

*This portion to be completed by high school administration:*

Pursuant to Chapter 625 ILCS Section 5/6-408.5, the above named student attends this school and has received a passing grade in at least eight (8) courses during the previous two (2) semesters:	
<input type="checkbox"/> YES	<input type="checkbox"/> NO
_____ <i>Signature of Chief School Administrator or Superintendent of High School</i>	_____ <i>Date</i>