



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

\*\*\*This portion must be completed by Student and Parent/Guardian:

Name and address of Driver Training School: Top Driver Main Office 200 West 22nd Street, Suite 251 Lombard, IL 60148 School Code# 9503		Mail To: Top Driver 200 West 22nd Street, Suite 251 Lombard, IL 60148 Fax To: 800.417.4759 Email To: grades@topdriver.com	
Student's Legal Name:	LAST	FIRST	M.I.
Student's Street Address:		Phone Number:	
Student's City/Town:	State:	Zip Code:	

\_\_\_\_\_  
 Student Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Parent Signature

\_\_\_\_\_  
 Date

Name of High School:		
School Street Address:		Phone Number:
School City/Town:	State:	Zip Code:

\*\* The below portion must 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 <b>Passing Grade</b> in at least eight (8) courses during the previous two (2) semesters:	
<input type="checkbox"/> YES	<input type="checkbox"/> NO
_____ Signature of Chief School Administrator or Superintendent of High School	_____ Date