

Driver Safety Program Student Completion Record

Instructor Name:				
Location of Class: _	City	S	State	Instructor ID#
Please PRINT the following information exactly as it appears on your driver's license.				
1. Name:				
2. Address:	Street Address or Box Numbe	r		
	3. City or Town			
	4. State 5. Zip Code		6. Date	of Birth (M/D/Y)
7. Motorist's ID License Number (not your license plate) 8. Sex M F				
9. Today's Date	Year Month	Day		
10. Are you now an AARP member? (Please check) Yes No				
11. Reason for taking this course (check only one): (0) Insurance reduction (1) Requirement for a job (2) Self Improvement (4) Other (please explain)				
12. Have you taken a Driver Improvement Course prior to today's course? (check one only): (0) No (2) Yes, from two to five years ago (1) Yes, within the past two years (4) Yes, more than five years ago				
13. Name of previous course if other than AARP Driver Safety Program				
FOR AGENCY USE ONLY				
Sponsoring a	gency code Agenc	y record data	D	elivering agency code