1. of 2

**DRIVER SAFETY STUDENT REPORT**

**Quarter (check one): Feb. –Apr. □ May – Jul. □ Aug. – Oct. □ Nov. – Jan. □**

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| **School Name/Location** |  | |
| **Name of Instructor(s)** |  | |
| **Class begin date:** | | **Class completion date:** |

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| --- | --- | --- | --- | --- | --- | --- |
| **A** | **Student Name** | **Student DOB** | **Student Contact Information** | **Final Exam**  **Score** | **TSB Completion**  **Certificate #** | **Date of issue** |
| **1** |  |  |  |  |  |  |
| **2** |  |  |  |  |  |  |
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1. of 2

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| **A** | **Student Name** | **Student DOB** | **Student Contact Information** | **Final**  **Exam**  **Score** | **TSB Completion**  **Certificate #** | **Date of issue** |
| **21** |  |  |  |  |  |  |
| **22** |  |  |  |  |  |  |
| **23** |  |  |  |  |  |  |
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| **B** | **Voided** | **Please return all original voided certificates to TSC-Licensing** | | | | | |
|  | **Void date** | | | **TSD Certificate of completion #** | | | |
| **1** |  | | |  | | | |
| **2** |  | | |  | | | |
| **3** |  | | |  | | | |
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| **9** |  | | |  | | | |
| **10** |  | | |  | | | |
|  | **Re-issued** | | | | | | |
|  | **Student Name** | **DOB** | **Student Contact Info** | | **Final exam score** | **TSD Certificate of completion #** | **Re-issue date** |
| **1** |  |  |  | |  |  |  |
| **2** |  |  |  | |  |  |  |
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