



**Phone:** (269) 353-8704

### Permission Letter

I, \_\_\_\_\_, give permission for  
(Parent/Legal Guardian)

\_\_\_\_\_ to ride  
(Designated Representative)

along with \_\_\_\_\_ for their state-certified  
(Applicant Name)

automobile road skills test with E-Z Way Driver Testing, Inc.

**Parent/Guardian Printed Name:** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_

**Date of Signature:** \_\_\_\_\_