

**Forest Grove School District**

Code: **JHFDA-AR(1)**  
Revised/Reviewed: 11/14/16

**Request for a Suspended Driving Privilege - Conduct**

Name of Student \_\_\_\_\_

Address of Student \_\_\_\_\_

Date of Birth \_\_\_\_\_ ODL Number (if applicable) \_\_\_\_\_

Number of requests for suspension on this student:  one     two or more

Type of privilege requested for suspension:

- Driving privilege
- Application for driving privilege

Length of suspension requested:

- No more than one year
- Six months
- Six weeks
- Other

If two or more requests for suspension have been made on this student:

- One year
- Two years
- Until student is 21 years of age

This written request is submitted on \_\_\_\_\_ by:

Name: \_\_\_\_\_ Title: \_\_\_\_\_

District: \_\_\_\_\_ Date: \_\_\_\_\_