

Notification of Expulsion to Division of Motor Vehicles

The following information is provided in accordance with 14 Del. C. §4130 and 21 Del. C. §2732(e) as a request for suspension of driving privileges.

District Information:

District: _____ School: _____

Superintendent/Designee Preparing Form _____

Student Information:

Student's Name: _____ DOB: ____/____/____ State ID# _____

Address on record: _____
Street City State Zip

(Optional) Grade _____ Race _____ Gender _____

Beginning date of expulsion _____ Ending date of expulsion _____

Signature of Superintendent/Designee _____ Date _____

Request to Reinstate

_____ hereby authorizes the Division of Motor Vehicles
District
to reinstate the driving privileges of the above-mentioned student.

Superintendent/Designee: _____ Date _____
Signature

Please file notification within five (5) days of the expulsion.

Filing Notification:

Send original notification to:

Division of Motor Vehicles
PO BOX 698
Dover, Delaware 19903-0698
ATTN: Suspension Section

Fax: (302) 739-2602

***Keep a photocopy of notification in your district office**

Send photocopy to:

Department of Education
Townsend Bldg., Suite #2
Dover, DE 19901
ATTN: John Sadowski
School Climate &
Discipline

Fax: (302) 739-6397

SLC: D370B