

Dear	Parent	or	Guard	dian
Dear	1 al Cit	vi '	Ciuai	

	ssion slip to allow your student to participate and drive the tor as a part of the Kentucky Office of Highway Safety's m.
(Student's Name)	is a licensed driver and has my permission to ride or
videotaped by the news media, sche	ed Driving Simulator car and to be photographed or old and/or the Kentucky Office of Highway Safety. The cand an experienced adult will accompany the student driver
Parent or Guardian Signature	Date
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