

# VINEYARD AUTO SCHOOL

## Road Test Release Form

I \_\_\_\_\_ the parent/guardian of  
\_\_\_\_\_ authorize them to leave  
the school with a Vineyard Auto School Instructor for the  
purpose of taking a road test at (time) \_\_\_\_\_  
on (date) \_\_\_\_\_ or at another time on  
this date as requested by the Vineyard Auto School  
Instructor if the Road Test appointment schedule changes.

Signed \_\_\_\_\_