



REQUEST FOR SUSPENSION OR REINSTATEMENT

State Form 53927 (R5 / 1-22)
INDIANA BUREAU OF MOTOR VEHICLES

BUREAU OF MOTOR VEHICLES

schoolsuspensions@bmv.in.gov

- INSTRUCTIONS:**
1. Complete in blue or black ink or print fillable form.
 2. Complete section B to notify the Indiana Bureau of Motor Vehicles that a person at least age fifteen (15) and less than age eighteen (18) upon notification qualifies for a suspension of driving privileges under IC 9-24-2 et. seq.
 3. Complete section C to request a reinstatement of the student's driving privileges pursuant to IC 9-24-2-4. Only the school that requested the suspension may submit a request for reinstatement.
 4. Please sign in blue or black ink, scan, and email the completed form to schoolsuspensions@bmv.in.gov.

Student's Full Name (<i>first, middle initial, last</i>)		Gender	Age	Date of Birth (<i>mm/dd/yyyy</i>)	
Address (<i>number and street</i>)		City		State IN	ZIP Code
A. SCHOOL INFORMATION					
Name of School		School Number	Telephone Number ()		
Address (<i>number and street</i>)		City		State IN	ZIP Code
B. REQUEST FOR SUSPENSION					
The above named student meets one or more of the condition(s) listed in IC 9-24-2-1. Therefore, I request that the student's driving privileges be suspended for 120 days or until the age of eighteen (18), whichever is earlier in accordance with IC9-24-2-4.					
I swear or affirm that the information on this form is true and correct. I understand that making a false statement may constitute the crime of perjury.					
Printed Name of Principal or Designee (<i>first, middle initial, last</i>)					
Signature of Principal or Designee				Date Signed (<i>mm/dd/yyyy</i>)	
C. REQUEST FOR REINSTATEMENT					
I am hereby notifying the Indiana Bureau of Motor Vehicles that the above-named student is eligible for reinstatement of their driving privileges under IC 9-24-2-4.					
I swear or affirm that the information on this form is true and correct. I understand that making a false statement may constitute the crime of perjury.					
Printed Name of Principal or Designee (<i>first, middle initial, last</i>)					
Signature of Principal or Designee				Date Signed (<i>mm/dd/yyyy</i>)	