



Training Instructor Signature Verification Tool

Please FAX form to _____. Return original to your Career Specialist on _____.

Customer name: _____ Identification number: _____

School's name: _____ Training program: _____

Student's Instructions:

Please write in the first column of the table the name of your classes. Have your teachers fill in the rest of the columns next to the name of the classes. If the form is not completed with all of the required information, we cannot accept it. Each semester you attend school, you are required to provide a sample of each of your instructor's signature. We use the signatures to verify that you are attending classes and your teachers are signing off on your timesheets. When you turn in your timesheets to verify your hours, we want to ensure the correct individual signed off on your time and attendance. Your teachers must enter the number of hours they think you will need to study each week to pass the class, the number of hours you are in class, his or her printed name, and his or her email address. You teachers must also sign their names next to their printed name.

Instructors:

We are working with your student in a career-building program. Please tell us how many hours your student must study outside of class to get an "A" or passing grade. Please let us know how many hours your student is in school each week as well; print your name; sign next to your printed name and provide your email address. This will be kept on file so we can verify timesheets that are turned in during the semester.

Semester/Term Begin Date: _____ Semester/Term End Date: _____

Course name	Recommended weekly hrs of study	Number of hours in class each week	Instructor's name (Please Print)	Instructor's signature	Instructor's e-mail address

Student's statement: I certify that all information contained on this document is correct and true.

Student's name

Student's signature

____/____/____
Date

Career Specialist's name

PH: _____

Fax: _____

Email: _____