

# STUDENT VERIFICATION REPORT

ADVANCED.fst \_\_\_\_

BASICS.fst \_\_\_\_

Location: \_\_\_\_\_

Date: \_\_\_\_\_

Time: \_\_\_\_\_

#	STUDENT NAME (print)	STUDENT SIGNATURE	STORE # OR COMPANY	PHOTO ID	OTHER	EXAM RETURN	SCANTRON RETURN
1							
2							
3							
4							
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18							

TRAINER NAME: \_\_\_\_\_

Signature: \_\_\_\_\_

TRAINCAN, Inc reserves the right to release exam results to Public Health Departments on their request, to meet National, Provincial or Municipal requirements.