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VERIFICATION OF TRAINING PROGRAM

This form is to be completed by a staff member of the facility where you are enrolled in order to verify your attendance. If you or the staff member providing verification have questions about this form, please call us at 936-631-8624 or email your inquiry to ccsdet@detwork.org

Student's Name: _____

Student's Address: _____ Student's Phone Number: _____

Name of Program: _____

Program Address: _____ Program Phone Number: _____

Date of Enrollment: _____ Projected Completion Date: _____

Days of the week student attends (Select all that apply):

MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY SATURDAY SUNDAY

Number of hours student attends per day: _____

Additional Information: _____

Signature of Program Representative: _____

Title of Program Representative: _____ Date: _____

This document contains vital information about requirements, rights, determinations, and/or responsibilities for accessing workforce system services. Language services, including the interpretation/translation of this document, are available free of charge upon request.

Este documento contiene información importante sobre los requisitos, los derechos, las determinaciones y las responsabilidades del acceso a los servicios del sistema de la fuerza laboral. Hay disponibles servicios de idioma, incluida la interpretación y la traducción de documentos, sinningún costo y a solicitud.

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