



# Oklahoma Department of Corrections

## Attendance Roster



COURSE: \_\_\_\_\_ LOCATION: \_\_\_\_\_ CREDIT HOURS: \_\_\_\_\_

START DATE: \_\_\_\_\_ END DATE: \_\_\_\_\_ START TIME: \_\_\_\_\_ END TIME: \_\_\_\_\_

TRAINING OFFICER OR COORDINATOR: \_\_\_\_\_ / \_\_\_\_\_  
Assigned Unit/Facility/District

INSTRUCTOR NAME: \_\_\_\_\_ / \_\_\_\_\_  
Printed Name Signature

With my signature I am attesting to the attendance of these students.

Please PRINT Neatly: LAST Name, FIRST Name		JOB TITLE	EMPLOYEE ID NUMBER	WORK LOCATION
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