



# Oklahoma Department of Corrections

## Inmate Attendance Roster



COURSE: \_\_\_\_\_

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

FACILITY \_\_\_\_\_ DEPARTMENT \_\_\_\_\_

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

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

	PRINT LAST NAME, FIRST NAME	WRITTEN EXAM PASSED (y/n)	DOC ID NUMBER	SIGNATURE
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DATE RECORDED: \_\_\_\_\_ PAGE NUMBER : \_\_\_\_\_ of \_\_\_\_\_