



Oklahoma Department of Corrections

Attendance Roster

Course: _____ Location: _____ Credit Hours: _____

Start Date: _____ End Date: _____ Start Time: _____ End Time: _____

Training Officer **or** /
Coordinator: _____
Printed Name Assigned Unit/Facility

Instructor Name: _____ / _____
Printed Name Signature

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

| Please PRINT Neatly: LAST Name, FIRST Name | | Employee ID Number | Work Location | Test Score |
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