

# Credential Request Authorization Form

Company/Organization name

Hope Training Academy

Today's date

10/26/2020

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## Applicant's information

Name while enrolled in the institution

Jason Randall Murray

Date of birth

08/19/1977

Street address

2902 Seasons Dr

City

Greenwood

State/Province

IN

Postal code

46143

Email address

jrmur@hotmail.com

Phone number

7655320451

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## Authorization

By signing this document, I authorize (enter receiving company/organization)

Hope Training Academy

to request (enter name(s) of institution(s) that has your credential)

Plymouth High School

to release my complete academic credential to (enter receiving company/organization)

Hope Training Academy

I certify under penalty of law that I am the individual identified in this credential request, or I am the parent/guardian authorized to make this request (sign below)

*Jason Randall Murray*