

Credential Request Authorization Form

Company/Organization name

Hope Training Academy

Today's date

10/29/2020

Applicant's information

Name while enrolled in the institution

Jerry Brown

Date of birth

07/25/1970

Street address

4618 Primrose Ave.

City

Indianapolis

State/Province

Indiana

Postal code

46205

Email address

Brownjerry593@gmail.com

Phone number

317-531-2412

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)

IPS

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)

Jerry Brown