

Credential Request Authorization Form

Company/Organization name

Hope Training Academy

Today's date

10/26/2020

Applicant's information

Name while enrolled in the institution

Korita Renee Davis

Date of birth

12/03/1986

Street address

10352 Windward Dr

City

Indianapolis

State/Province

IN

Postal code

46234

Email address

Koritadavis@yahoo.com

Phone number

3175511021

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)

Arlington 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)

