

Credential Request Authorization Form

Company/Organization name

Hope Training Academy

Today's date

10/24/2020

Applicant's information

Name while enrolled in the institution

Trey Williams

Date of birth

04/10/1993

Street address

10940 snowdrop way

City

Indianapolis

State/Province

Indiana

Postal code

46235

Email address

Treywilliams77@icloud.com

Phone number

3175292881

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)

Columbus State Community College

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)

