

Credential Request Authorization Form

Company/Organization name

Hope Training Academy

Today's date

10/31/2020

Applicant's information

Name while enrolled in the institution

Justin Spicer

Date of birth

12/10/1991

Street address

87 N Morris Blvd

City

Bargersville

State/Province

IN

Postal code

46106

Email address

jspicer1210@gmail.com

Phone number

3177539722

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)

Center Grove 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)

Justin M Spicer