

Credential Request Authorization Form - Erica Clanton

Credential Request Authorization Form

Company Organization Name: **Hope Training Academy**

Today's Date:

-

Name while enrolled in the institution:

-

Date of Birth:

-

Street Address:

-

City: State: Zip code:

Email Address:

-

Phone Number:

Authorization


By signing this document, I authorize Hope Training Academy to request (enter name of educational institution that has your credential):

Erica Clanton

To release my complete academic credential to **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).



X 

Signed By Erica Clanton
Signed On: November 15, 2020



Signature Certificate

Document name: Credential Request Authorization Form - Erica Clanton

Unique Document ID: E24A968FDAB867BA180B6270CEDB0B3569B1B31B



Erica Clanton
Party ID: 50044c3f-373f-40c2-9262-82fd75720f14
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Digital Signature:

Multi-Factor
Digital Fingerprint Checksum a86a13dfc8749936a2f1ac4792a4350a



Timestamp

November 15, 2020 11:44 pm EST

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Audit

Credential Request Authorization Form - Erica Clanton
Uploaded by Austin Scholl - austinscholl@hopetrainingacademy.org IP 108.74.204.90

Document signed by Erica Clanton - erdclant@gmail.com IP 73.146.89.154

Joy Baugh - joybaugh@hopetrainingacademy.org added by Austin Scholl - austinscholl@hopetrainingacademy.org as a CC'd Recipient Ip: 108.74.204.90

The document has been signed by all parties and is now closed.



This audit trail report provides a detailed record of the online activity and events recorded for this contract.