

# ATTENDANCE ROSTER

Course Name \_\_\_\_\_

Location City: \_\_\_\_\_ Location State: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Day \_\_\_\_\_ of \_\_\_\_\_

Instructor Name: \_\_\_\_\_ Hours Taught: \_\_\_\_\_

**Last Name**

**First Name**

**Signature**

**Address**

ID checked

Date: \_\_\_\_\_ I verify that the students above were in attendance for the entire duration of the above-listed outreach training.

Page \_\_\_\_\_ of \_\_\_\_\_ Instructor Signature \_\_\_\_\_