EXAMINATION RESULTS
TELECOMMUNICATOR CERTIFICATION COURSE

Instructions: Please type or print all information clearly. This form should be completed prior to the arrival of the Commission representative for testing. If you have any questions regarding this form, please contact the Sheriffs' Standards Division for clarification.

FULL NAME OF TRAINEE	DATE OF BIRTH	SOCIAL SECURITY NUMBER	DEPARTMENT	SCORE

(CONTINUE ON BACK)

EXAMINATION RESULTS
TELECOMMUNICATOR CERTIFICATION COURSE

FULL NAME OF TRAINEE	DATEOF BIRTH	SOCIAL SECURITY NUMBER	DEPARTMENT	SCORE

Certification: In my official capacity as designated "School Director" and as a duly authorized representative for my institution/agency, I submit the above listed Telecommunicator Trainees for administration of the State Comprehensive Examination. In doing so, I attest that each trainee listed has successfully completed all required course work.

_____ _____

School Director **Date**

TEST SCORE RELEASE:
As an official representative of the North Carolina Sheriffs' Education and Training Standards Commission, I do hereby certify and report the examination scores for the above listed Telecommunicator Trainees to the designated "School Director" for:

_____, **on this** _____ **day of** _____, _____
Institution/Agency

Signed: _____ **Received:** _____
STANDARDS COMMISSION REPRESENTATIVE **SCHOOL DIRECTOR**