



OFFICE OF THE REGISTRAR
550 West Van Buren, 7th Floor
Chicago, IL 60607
Fax: 800.582.9261
Email: RSupport@Kaplan.edu

Request for Verification of Criminal Justice Certification and Training Record

Directions: The student must complete the top portion of the form and send the form to the appropriate state agency. The agency should then complete the bottom section of the form and submit the form to Kaplan University for assessment.

AUTHORIZATION FOR RELEASE OF RECORDS

I hereby authorize Kaplan University to verify information from the state of _____ regarding my completion of the _____ (course title), which I completed on _____ (date).

LAST NAME: _____ FIRST NAME: _____ MIDDLE INITIAL: _____

LAST 4 DIGITS OF SSN: _____ EMAIL ADDRESS: _____

HOME ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____

NAME OF PROGRAM ATTENDED: _____

DATES ATTENDED: FROM _____ TO _____

STUDENT AUTHORIZATION: _____ Signature _____ Date _____

THIS SECTION TO BE COMPLETED BY AN AUTHORIZED AGENCY OFFICIAL:

Verification of Criminal Justice Certification & Training Record Request (to be completed by an authorized staff member)

The student listed above has applied to Kaplan University to receive college credits for completion of state criminal justice training certification, which is administered through your office. The authorization above is signed by the student giving his/her permission for the information to be released. Please complete the requested verification (below) and return this document with copies of training records to Kaplan University at the address or fax number listed below.

NAME OF TRAINING PROGRAM AND/OR CERTIFICATIONS EARNED (use additional sheet if necessary):

LOCATION: CITY _____ STATE _____

GRADUATED IN GOOD STATUS: _____ YES _____ NO _____ DATE: _____

AGENCY VERIFICATION: _____ Signature _____ Date _____

Please return requested documentation to Kaplan University at the following address or fax number:

Kaplan University Attention: Office of the Registrar 550 West Van Buren Street, 7th Floor Chicago, IL 60607 OR Fax: 1-800-582-9261