ATTENDANCE ROSTER

Course Name _____

Location City: _____ Location State: _____

Start Date: _____ End Date: _____ Day _____ of _____

Instructor Name: _____ Hours Taught: _____

Last Name	First Name	Signature	Address

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

Page _____ of _____ Instructor Signature _____