

# Safety Training Verification Sheet

Date: \_\_\_\_\_

Facilitator: \_\_\_\_\_

Place/Room: \_\_\_\_\_

Course and Section: \_\_\_\_\_

By signing this form, I acknowledge that I have received the Student Safety Training for the \_\_\_\_\_ semester. Furthermore, I agree to abide by all studio rules and regulations set forth in the training or by my instructor.

<b>Print Name</b>	<b>A#</b>	<b>Signature</b>
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**Signature of instructor:** \_\_\_\_\_ **Date:** \_\_\_\_\_