STUDENT VERIFICATION REPORT

ADVANCED.*fst*®__
BASICS.*fst*®__

Location:_____
Date:_____
Time:_____

STUDENT NAME (print)	STUDENT SIGNATURE	PHOTO ID	OTHER	EXAM RETURN	SCANTRON RETURN

the Source for Food Safety
TRAINCAN, Inc.

TRAINCAN, Inc. reserves the right to release exam results to Public Health Departments on their request, to meet National, Provincial and Municipal requirements.

Trainer Name:_____ Signature:_____