



PROFESSIONAL DEVELOPMENT

College of Engineering, Architecture and Technology

Training Records Release Form

We are partnered with OSU Center for Rural Health which is the agency that helps provide this statewide certification program and your employer needs copies of training records in order to meet the applicable OSHA standards. Please fill out the form completely and return this form to OSU Professional Development, 5202 North Richmond Hill Drive, Stillwater, OK 74078 before class begins or before examinations are administered.

I, the undersigned individual, do allow and request OSU Professional Development to send my training records to both my employer as listed below and the OSU Center for Rural Health.

Student Full Legal Name: _____

Student e-mail address: _____

Name of Employer: _____

Phone Number: _____

Fax Number: _____

Employer Address: _____

Employer City: _____ State: _____ Zip: _____

By signing below, I understand that I am complying with the terms listed above and it is necessary to comply before I am allowed to attend training or complete any examinations.

Student's Signature: _____ Date: _____