



# PROFESSIONAL DEVELOPMENT

College of Engineering, Architecture and Technology

## Training Records Release Form

The Oklahoma State Department of Health, the agency that oversees this statewide certification program, and your employer need 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, allow and request OSU Professional Development to send my training records to both my employer as listed below and the Oklahoma State Department of Health (OSDH).

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: \_\_\_\_\_