



## STUDENT INFORMATION FORM

**NOTE:** Please complete all sections below in order to receive your certificate of completion. Incomplete forms will be returned unprocessed. The information you provide will be added to our database. We will not release this information without your written permission to anyone except yourself, your agency, and appropriate state government agencies.

Dates of the MHSS Course attended: \_\_\_\_\_

Instructor's Name: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Certificate of completion mailed to?      Work Address       Home Address

Agency/Company Name: \_\_\_\_\_

Work Address:

\_\_\_\_\_  
\_\_\_\_\_

Home Address:

\_\_\_\_\_  
\_\_\_\_\_

Work Phone #: \_\_\_\_\_

Home Phone #: \_\_\_\_\_

Fax #: \_\_\_\_\_ Email: \_\_\_\_\_

☆ Be sure to return completed form to your instructor. ☆