

Berlin Brothersvalley High School Industry Certification Verification Form



_____ has been a student in the _____
(Student Name) (SCTC Program of Study)

program at Somerset County Technical Center under the supervision of

_____. Upon completion of the program, he/she will have
(Instructor's Name)
earned the following certifications:



By signing this form, you confirm that this student has met the requirements and will successfully receive his/her certifications upon completion of the program.

Student Signature: _____ Date: _____

Instructor's Signature: _____ Date: _____

SCTC Principal's Signature: _____ Date: _____