

Onslow County Partnership for Children



Together We Build Brighter Futures



TRAINING RECORDS RELEASE INSTRUCTIONS:

- ★ There is no fee to obtain a copy of training records (**copies of training records will be watermarked "COPY"**).
- ★ **Photo ID** is required to pick-up your training record(s).
- ★ **Training record requests will only be accepted in person by the person attending the training session.**
- ★ Training records will not be released to/for anyone except the training participant, unless a designee is identified on this form by the trainee. **(PHOTO ID REQUIRED)**
- ★ Training records will not be released if training fees are owed.

TRAINING RECORD REQUEST FORM

First Name:	Last Name:	Date of Birth:
Last 5 Digits of Social Security #:	Daytime Phone #:	Email:
Child Care Center/Family Child Care Home Name:		Are you a Respite Provider? <input type="checkbox"/> Yes <input type="checkbox"/> No
Mailing Address:		

TITLE & DATE(S) OF TRAINING RECORD(S) REQUESTED

#	Training Title	Date(s) of Training
1.		
2.		
3.		
4.		
5.		

★★★PHOTO ID IS REQUIRED FOR PICKUP★★★

Will someone other than you be picking up your Training Record? <input type="checkbox"/> Yes <input type="checkbox"/> No	Name of Designee:
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Participant Signature: _____

★★★ Training record(s) will be available for pick-up within 7 business days★★★

OFFICE USE ONLY:

Date of Request: _____	Received by: _____	Date Processed: _____	Processed by: _____
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