



Oklahoma Department of Corrections

Inmate Attendance Roster



COURSE: _____

START DATE: _____ END DATE: _____ START TIME: _____ END TIME: _____

FACILITY _____ DEPARTMENT _____

INSTRUCTOR NAME: _____ / _____
Printed Name Signature

With my signature I am attesting to the attendance of these students.

	PRINT LAST NAME, FIRST NAME	WRITTEN EXAM PASSED (y/n)	DOC ID NUMBER	SIGNATURE
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DATE RECORDED: _____ PAGE NUMBER : _____ of _____