

Sacramento City College
EOPS/CARE

WORKSHOP ATTENDANCE VERIFICATION FORM

Date: _____

Student Name: _____ ID#: _____
Last, First (Print)

The Workshop: _____

Presented by: _____
(Center/Unit/Department)

Speaker: _____

Time In: _____ Time Out: _____

The above student attended the workshop/presentation. _____

Presenter's Signature

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