

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

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