



First Name

Last Name

By placing my name here, I agree to be responsible for the content of this page.

Online Final Exam Verification Form

Program Name

Congratulations on completing the final exam for this SSI program. By signing this form, you acknowledge the following:

- I agree that I completed this exam independently without assistance from another person.
- I agree that this exam is an assessment of my knowledge and understanding of the content of this SSI program, and a passing score is required to receive certification.

Student Signature

Date (DD/MM/YY)

Signature of Parent/Guardian (When Applicable)

Date (DD/MM/YY)