

# Student Identification/Verification

|                     |                         |
|---------------------|-------------------------|
| YOUR NAME           |                         |
| ADDRESS             |                         |
| CITY/STATE/ZIP      | PHONE NUMBER            |
| DATE TRAINING BEGAN | LAST DATE OF ATTENDANCE |
| NAME OF SCHOOL      |                         |

## Verification

I hereby swear under penalty of perjury that the information contained in this complaint, including all statements, facts sheets and other documents and evidence presented, is true and correct to the best of my knowledge.

\_\_\_\_\_  
SIGNATURE OF COMPLAINANT

\_\_\_\_\_  
DATE SIGNED

The Student Identification form & the Allegation Sheet should be submitted via fax or mail.

FAX: 702 933 0567

Mail: 3650 East Flamingo LV NV 89121

Student complaint forms will be processed by the Key Companies within 2 business days of submission. A written response will be mailed to the student. A phone call will be made if necessary. Email addresses or other methods of contact supplied at the time of enrollment may be used to contact the student if necessary.

