

Certification of Course Final Proctor

Please complete this form and fax to 1-800-683-3969 after the exam is completed.

I certify that _____
(Student's Name as it appears on their ID)

Photo ID that was used for student identification:

Drivers License: State: _____ License #: _____

Other: _____

The student named above is not related to me. On the date below, said student did personally complete, without the use of any textbook, reference book, dictionary, personal notes, or the assistance of any other person:

Check Below:

State Portion of the Seiler School of Real Estate Course Final
Date: _____ Time Started: _____ Time Finished: _____

Uniform Portion of the Seiler School of Real Estate Course Final
Date: _____ Time Started: _____ Time Finished: _____

Course Proctor contact information:

Print Name: _____

Signature: _____

Address: _____

City, State, Zip: _____

Phone Number: _____

E-Mail Address: _____

Mahalo for your assistance. Rick Seiler

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