-Official Training Provider Letterhead-

Nashua City Police Training Academy 834 S. Berry Road * Nashua City, MI 48817 * (615) 555-1253 January 26, 2005 **ABC** University -Recipient Address-Records Office All letters must be 123 University Drive addressed directly to Registrar or Records office Springfield, NY 15555-5555 of the institution of choice. To Whom It May Concern: This letter is to serve as official notification of completion of our assessed training programs by the student listed below. -Agency Identifiers--Graduate's Identifiers-Name, address, and Student Name: Jane Sigmund Graduate's name, Date of contact information of Student DOB: 07/14/1976 birth, and Social Security training provider Student SSN: XXX-XX-XXXX Number Name of Program: Basic Academy -Program Identifiers-Date of Completion: March 24, 2000 Name and date of completion for each Name of Program: Supervisory Training successfully completed Date of Completion: April 2, 2004 -Designee Signature-Sincerely, Official signature of Training Director or appropriate personnel, Bob Sylvan verifying graduate's training record Bob Sylvan **Training Director** Nashua City Police Academy 834 S. Berry Road Nashua, MI 48817 615-555-0989