

**Attachment**

**SECURITY AWARENESS TRAINING VERIFICATION REPORT**

**Date:** \_\_\_\_\_

*Please print this form, fill in the required information, sign and date it, and fax it back to JCDC Security Team, Attention: Carmen Mays, (512) 804-2002.*

Job Corps Center Name:	
Total Number of Network Users at this Location:	
Total Number of Network Users Trained:	
List of Individuals Who Have Not Completed the Training and a Brief Explanation:	e.g. John Doe (on extended medical leave)

I, \_\_\_\_\_, *hereby certify that the above*  
(Print POC Name here)  
*information regarding the mandatory Staff Security Awareness Training is true and correct.*

\_\_\_\_\_  
POC Signature

\_\_\_\_\_  
Date