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| **Arizona Peace Officer Standards and Training Board** |
| **Class Title:** **Hours:** **Date(s):** **Location:** **Facilitator(s):** **Instructor(s):**  | **I verify the students below attended all blocks of instruction as indicated by their initials in the appropriate boxes.** |
| **Instructor/Facilitator signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*****Students - Please verify the last four of your social security number, spelling of your name and initial the sign-in sheet each day*** |
|  | **SSN** | **NAME** | **AGENCY** | **Email Address** | **M** | **T** | **W** | **Th** | **F** |
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| **27.** |  | **INSTRUCTORS:** |  |  |  |  |  |  |  |
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