



School Certification of Absent Student Information

I, _____, _____ at _____
Printed name Title Name of School

certify that I have personally reviewed the attached absent student documents and that the information reported is true to the best of my knowledge, information and belief.

BY SIGNING BELOW, I CERTIFY THAT I HAVE THE AUTHORITY TO CERTIFY THE ACCURACY AND RELIABILITY OF THIS INFORMATION FOR MY SCHOOL. OSSE strongly recommends the head of school be the authorized representative. However, if the school chooses to authorize another individual to certify the submission, the school remains fully responsible for the accuracy and reliability of the submission.

Signature

Date

This certification form must be attached to the absent student documentation given to the auditor.