

CERTIFICATION OF ATTENDANCE

NAME OF SCHOOL OR FACILITY: GSA National Archives and
Records Service

COURSE: Documenting ADP Operations

COURSE DATES: 10/15/68 - 10/17/68

GRADE (IF GIVEN): _____

TRAINING REQUEST NUMBER:

I certify the above to be true and correct to the best of my knowledge.

SIGNATURE _____ DATE _____

for Poe, John L.

NOTE: This form is to be used only when the facility attended does not give official completion information.

TRAINING COMPLETED

Request No.

Date 7 NOV 1969

APPROVED FOR RELEASE
DATE: 14-Sep-2011