Lindsey Hopkins Technical Educational Center

750 NW 20th Street
Miami FL 33127

Miami-Dade County Public Schools

CERTIFICATE REQUEST CLEARANCE FORM

Date: _____

Student ID: _____ _____ _____ , _____, has
Student's Name

completed the requirements and met the standards of the _____ course
Official Program Title

and merits a Lindsey Hopkins Technical Educational Center certificate as of this date: _____

OCP Completed: _____ ☐ OCP Certificate ☐ Full Program Completer
Student Hours Completed: _____ **(Please Check One)**
Official OCP Title: _____ Official Hrs. _____

Official Program Title: _____ Official Hrs. _____

Comments: if any additional information is to appear on the certificate, please use this space

_____

Before a certificate can be issued, it is mandatory that all school obligations are cleared and basic skills requirements met. A completed certification competency checklist and exit interview form must be attached. Please sign below if the above student's record is satisfactory. Please note the numbered order.

Instructor	_____	Media Center	_____
COE Coordinator	_____	Registrar	_____
Testing Chairperson	_____	Department Head	_____
CSI Survey	_____	Career Counselor	_____
Administrator	_____		

TABE SCORES

	Reading/Level	Mathematics/Level	Language/Level
Required			
Achieved			

ADMINISTRATION USE ONLY

Certificate No. _____

Date certificate prepared _____ by _____