



FOR DPS USE ONLY

**CERTIFICATION OF SCHOOL SAFETY CLASS COMPLETION**

LAST NAME, FIRST NAME	LTC Number	School Safety Course Exam		School Safety Proficiency	
		Pass	Fail	Pass	Fail

I verify the information provided is true and correct. I also understand this is an official government record and any missing information and/or false statement made on this document may result in criminal prosecution.

\_\_\_\_\_  
 School Safety Instructor Name (printed)          Instructor #          Instructor Signature          Completion Date

Submit your completed **LTC-95** through secured email at <http://www.dps.texas.gov/rsd/contact/ltc.aspx>

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