

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 undependent on this document may result in criminal prosecution.	erstand this is an official governmen	it record and any	missing inforn	nation and/or fa	alse statement
School Safety Instructor Name (printed) Instru	uctor # Instructor Signature		Comp	Completion Date	

Submit your completed LTC-95 through secured email at $\underline{\text{http://www.dps.texas.gov/rsd/contact/ltc.aspx}}$

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