



VERIFICATION OF COMPLETION OF PROGRAMS LISTED UNDER IC 35-50-6-3.3

State Form 46032 (R3 / 7-10)

SECTION 1		
Name of offender		DOC number
Name of facility		
Name of program completed	Level of Vocation / Substance Abuse	<input type="checkbox"/> Verified that offender has not previously completed this program (Education programs only)
Name of school offering education program		
Date program was completed (month, day, year)		Date form being completed (month, day, year)
Location of original records		
Name of person completing form (printed)		Title of person completing form
Signature of person completing form		

SECTION 2 - CENTRAL OFFICE DIRECTOR OF EDUCATION / SUBSTANCE ABUSE	
Signature of Director of Education / Substance Abuse / Religion Services	Date signed (month, day, year)

SECTION 3 - CENTRAL OFFICE CLASSIFICATION SECTION	
Name of person completing form (printed)	
Title of person completing form	
New earliest possible release date (EPRD) (month, day, year)	
Signature	Date signed (month, day, year)

DISTRIBUTION: Copy - Central Office Packet; Copy - Facility Education / Substance Abuse Office; Copy - Central Office Director of Education / Substance Abuse;
Copy - Offender; Copy - Institutional Packet