

**Part III: To be completed by Sending/Verifying Institution (Career-Technical Institution):**

Name of Institution: \_\_\_\_\_

High School or Adult Workforce Education (AWE): \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: (    ) \_\_\_\_\_

Name of (CT)<sup>2</sup> Contact Person: \_\_\_\_\_

Title of (CT)<sup>2</sup> Contact Person: \_\_\_\_\_

Signature of (CT)<sup>2</sup> Contact Person: \_\_\_\_\_ Date: \_\_\_\_\_

OFFICIAL  
SEAL OR NOTARY  
STAMP HERE

**IMPORTANT**

Completed Verification Forms should be mailed to the specific college/university address located on the (CT)<sup>2</sup> website: <http://goo.gl/hHqig1>

If problems arise during the process contact the appropriate institution representative:

Higher Education Institution: <http://goo.gl/ElwkDT>

Career-Technical/Secondary Institution: <http://goo.gl/8Fs27X>

**NOT OFFICIAL WITHOUT ORIGINAL SEAL OR STAMP. STUDENT MUST NOT HAND-CARRY.**

**NOT OFFICIAL WITHOUT PART III\*. STUDENT MUST NOT HAND-CARRY**

\*Administrators may request Part III of the Verification Form from Ryan Cupp ([rcupp@regents.state.oh.us](mailto:rcupp@regents.state.oh.us) 614.752.9474)