



REQUEST FOR TRAINING TRANSCRIPT

Supervisors may request a training transcript for a current employee by completing this form and faxing it to (231) 724-6074 or mailing it to HealthWest Training Unit, 376 E. Apple Ave., Muskegon, MI 49442

Trainee's full name (please print) _____

Other names trainee has used _____

Please fax a copy of the training transcript to _____ at (fax #) _____

OR

Mail a copy to _____

Street address _____

City, State, and Zip Code _____

Phone Number _____

If you are an employer requesting a training transcript as part of an employment interview, **the person you are interviewing must complete and sign this form.**

Trainee's signature _____

Date _____

Date transcript was faxed/sent by HealthWest Training _____