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Student Authorization Request (SAR)

Participant:

First Name*: _____ Last Name*: _____

Email* _____ Phone*: _____

Mailing Address*: _____

Date of Course Completion: _____

City/State of Course Completion: _____

I, _____, on this day _____ of _____ in
(First and Last Name) (day) (month)

_____ attest that the above-named participant successfully completed all components
(year)

required by World Academy of Safety & Health (WASH) and as outlined in the most recent version of the
WASH Lifeguard Instructor Manual and *Quality Assurance Guidelines*, to earn certification as:

_____.

Instructor ID #: _____ Instructor Training Center Affiliation: _____

(Print Instructor Name)

(Instructor Signature)

(Date)

(Print Participant Name)

(Participant Signature)

(Date)