

Georgia Police Accreditation  
Coalition, Inc.

P.O. Box 1997  
Smyrna, GA 30081



Student Name: \_\_\_\_\_

(PLEASE PRINT NAME)

Course Name: Property & Evidence

By signing below I acknowledge that I have **completed 100% of the course**, including all presentations and required assignments. I also affirm that I have completed this course completely without assistance. I understand that all activity in this class is tracked electronically and reviewed for suspicious activity. All cases of suspicious activity are investigated, and reported to the appropriate employing and certifying agency upon substantiation.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Agency

  O    
O-Key Number