

Recertification ☐

Diving Class Roster

Class Name _____ Department _____

Instructor _____ Date of Class _____ Class Location _____

*Photo Release: By participating in or attending any activity in connection with this program, whether on or off premises, I consent to the use of any photographs, pictures, film, sonar images or video taken of me or provided by me for training, publicity, promotion, television, websites or any other use, and expressly waive any right of privacy, compensation, copyright or other ownership right connected to same. **Print your name as you would like it to appear on your certificate.**

1. Name _____	<input type="checkbox"/> Surface Support Only
Department _____	Initial for photo release _____ Exam Score _____
Phone _____ <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell	Email _____
Address _____ City _____	State _____ Zip _____ <input type="checkbox"/> Home <input type="checkbox"/> Work

2. Name _____	<input type="checkbox"/> Surface Support Only
Department _____	Initial for photo release _____ Exam Score _____
Phone _____ <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell	Email _____
Address _____ City _____	State _____ Zip _____ <input type="checkbox"/> Home <input type="checkbox"/> Work

3. Name _____	<input type="checkbox"/> Surface Support Only
Department _____	Initial for photo release _____ Exam Score _____
Phone _____ <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell	Email _____
Address _____ City _____	State _____ Zip _____ <input type="checkbox"/> Home <input type="checkbox"/> Work

4. Name _____	<input type="checkbox"/> Surface Support Only
Department _____	Initial for photo release _____ Exam Score _____
Phone _____ <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell	Email _____
Address _____ City _____	State _____ Zip _____ <input type="checkbox"/> Home <input type="checkbox"/> Work

5. Name _____	<input type="checkbox"/> Surface Support Only
Department _____	Initial for photo release _____ Exam Score _____
Phone _____ <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell	Email _____
Address _____ City _____	State _____ Zip _____ <input type="checkbox"/> Home <input type="checkbox"/> Work

6. Name _____	<input type="checkbox"/> Surface Support Only
Department _____	Initial for photo release _____ Exam Score _____
Phone _____ <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell	Email _____
Address _____ City _____	State _____ Zip _____ <input type="checkbox"/> Home <input type="checkbox"/> Work

7. Name _____	<input type="checkbox"/> Surface Support Only
Department _____	Initial for photo release _____ Exam Score _____
Phone _____ <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell	Email _____
Address _____ City _____	State _____ Zip _____ <input type="checkbox"/> Home <input type="checkbox"/> Work

8. Name _____	<input type="checkbox"/> Surface Support Only
Department _____	Initial for photo release _____ Exam Score _____
Phone _____ <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell	Email _____
Address _____ City _____	State _____ Zip _____ <input type="checkbox"/> Home <input type="checkbox"/> Work

9. Name _____	<input type="checkbox"/> Surface Support Only
Department _____	Initial for photo release _____ Exam Score _____
Phone _____ <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell	Email _____
Address _____ City _____	State _____ Zip _____ <input type="checkbox"/> Home <input type="checkbox"/> Work

10. Name _____	<input type="checkbox"/> Surface Support Only
Department _____	Initial for photo release _____ Exam Score _____
Phone _____ <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell	Email _____
Address _____ City _____	State _____ Zip _____ <input type="checkbox"/> Home <input type="checkbox"/> Work

11. Name _____	<input type="checkbox"/> Surface Support Only
Department _____	Initial for photo release _____ Exam Score _____
Phone _____ <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell	Email _____
Address _____ City _____	State _____ Zip _____ <input type="checkbox"/> Home <input type="checkbox"/> Work

12. Name _____	<input type="checkbox"/> Surface Support Only
Department _____	Initial for photo release _____ Exam Score _____
Phone _____ <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell	Email _____
Address _____ City _____	State _____ Zip _____ <input type="checkbox"/> Home <input type="checkbox"/> Work

13. Name _____	<input type="checkbox"/> Surface Support Only
Department _____	Initial for photo release _____ Exam Score _____
Phone _____ <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell	Email _____
Address _____ City _____	State _____ Zip _____ <input type="checkbox"/> Home <input type="checkbox"/> Work

14. Name _____	<input type="checkbox"/> Surface Support Only
Department _____	Initial for photo release _____ Exam Score _____
Phone _____ <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell	Email _____
Address _____ City _____	State _____ Zip _____ <input type="checkbox"/> Home <input type="checkbox"/> Work

15. Name _____	<input type="checkbox"/> Surface Support Only
Department _____	Initial for photo release _____ Exam Score _____
Phone _____ <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell	Email _____
Address _____ City _____	State _____ Zip _____ <input type="checkbox"/> Home <input type="checkbox"/> Work

16. Name _____	<input type="checkbox"/> Surface Support Only
Department _____	Initial for photo release _____ Exam Score _____
Phone _____ <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell	Email _____
Address _____ City _____	State _____ Zip _____ <input type="checkbox"/> Home <input type="checkbox"/> Work

17. Name _____	<input type="checkbox"/> Surface Support Only
Department _____	Initial for photo release _____ Exam Score _____
Phone _____ <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell	Email _____
Address _____ City _____	State _____ Zip _____ <input type="checkbox"/> Home <input type="checkbox"/> Work

18. Name _____	<input type="checkbox"/> Surface Support Only
Department _____	Initial for photo release _____ Exam Score _____
Phone _____ <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell	Email _____
Address _____ City _____	State _____ Zip _____ <input type="checkbox"/> Home <input type="checkbox"/> Work

19. Name _____	<input type="checkbox"/> Surface Support Only
Department _____	Initial for photo release _____ Exam Score _____
Phone _____ <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell	Email _____
Address _____ City _____	State _____ Zip _____ <input type="checkbox"/> Home <input type="checkbox"/> Work

20. Name _____	<input type="checkbox"/> Surface Support Only
Department _____	Initial for photo release _____ Exam Score _____
Phone _____ <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell	Email _____
Address _____ City _____	State _____ Zip _____ <input type="checkbox"/> Home <input type="checkbox"/> Work