


DROP VERIFICATION FORM

Orleans-Niagara BOCES-Continuing Education-Adult Literacy Programs

I, _____, school official, verify that _____
(Print Name) *(Student Name)*

Is officially dropped from _____ effective _____
(School) *(Date of Drop)*

School Official Signature

<i>Classroom Use Only</i>	
<p>_____ <i>Instructor Print Name</i></p>	<p>_____ <i>Date Received</i></p>
<p>_____ <i>Instructor Signature</i></p>	
<p> <i>Placed in student file</i></p>	