



CLASS ROSTER

Please help us maintain accurate records on your students by completely filling out this form in accordance with the instructions provided. Type or print legibly the requested information for all students. Keep a copy for your records and return original, together with completed examinations to the Educational Institute.

Return to:
 AHLEI
 6751 Forum Drive, Ste. 220
 Orlando, Florida 32821
 Phone: (888) 575-8726

Organization _____

Address _____

City _____

State/Province _____ Postal Code _____

Instructor's Name _____

(Print exactly as you wish it to appear on your certificate)

Phone Number () _____

EI Assigned Instructor Number _____

(Leave blank if unknown)

Instructor's E-Mail Address _____

Textbook Title _____

Final Exam Control # _____ Exam date _____

Results Shipping Address, if different:

Person's Name _____

Address _____

City _____

State/Province _____ Postal Code _____

Phone Number for Shipping Address () _____

For Office Use Only: Customer # _____

#	EI Assigned Student # Or School ID (Leave blank if unknown)	NAME List name as it should print across Certificate	Retake	#	EI Assigned Student # Or School ID (Leave blank if unknown)	NAME List name as it should print across Certificate	Retake
0	999000000	Chris M. Jones		8			
1				9			
2				10			
3				11			
4				12			
5				13			
6				14			
7				15			

#	EI Assigned Student # Or School ID (Leave blank if unknown)	NAME List name as it should print across Certificate	Retake	#	EI Assigned Student # Or School ID (Leave blank if unknown)	NAME List name as it should print across Certificate	Retake
16				40			
17				41			
18				42			
19				43			
20				44			
21				45			
22				46			
23				47			
24				48			
25				49			
26				50			
27				51			
28				52			
29				53			
30				54			
31				55			
32				56			
33				57			
34				58			
35				59			
36				60			
37				61			
38				62			
39				63			