

# COMMUNITY MENTAL HEALTH SERVICES OF MUSKEGON COUNTY REQUEST FOR TRAINING TRANSCRIPT

**Supervisors** may request a training transcript for a current employee by completing this form and faxing it to 231/724-4539 or mailing it to CMH Muskegon Training Unit, 376 East Apple Avenue, Muskegon, MI 49442.

Trainee's full name (please print) \_\_\_\_\_

Other names trainee has used \_\_\_\_\_

Please fax a copy of the training transcript to \_\_\_\_\_ at (fax#) \_\_\_\_\_

**OR**

Mail a copy to \_\_\_\_\_

Street address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_

**If you are an employer** requesting a training transcript as part of an employment interview, the person you are interviewing must complete and sign this form.

Trainee's signature \_\_\_\_\_

Date \_\_\_\_\_

Date transcript sent by CMH Training \_\_\_\_\_