

### Authority to Verify Document

I \_\_\_\_\_ do give permission to  
 (Participant Full Name)

**Local Government Training Institute** to verify the Statement of Attainment or Certificate issued to me and provided

To \_\_\_\_\_  
 (Third Party Seeking Verification)

<b>Document Attached</b>	
<b>Current Identification Attached</b>	

**Participant Signature** \_\_\_\_\_

Date \_\_\_\_\_

Office Use	Date of verification	Authorised Person