HILLSBOROUGH COMMUNITY COLLEGE
CRIMINAL JUSTICE TECHNOLOGY PROGRAM

INTERVIEW VERIFICATION FORM

STUDENT'S NAME

INTERVIEWER'S NAME

AGENCY

DATE

NOTICE TO STUDENT: One of these forms must be taken to EACH interview that has been arranged for you by the Criminal Justice Technology Program. Both you and the person who interviews you must sign it and date it. It is YOUR responsibility to return it to your instructor within TWO DAYS after your interview has been scheduled.

STUDENT’S SIGNATURE ___________________________ DATE ____________

Dear Interviewer:

Please verify that you have interviewed the above named student as a potential intern with your agency.

It is necessary for the student to complete any background checks, drug tests and fill out any required forms before the first day of internship.

Have you provided this information and directions to the student? YES [ ] NO [X]

This is to acknowledge that I have interviewed the above named student.

INTERVIEWER’S SIGNATURE ___________________________ DATE ____________

AGENCY SUPERVISOR’S SIGNATURE

AGENCY ADDRESS:

Please return this completed form to the student, who is responsible for returning it to the Internship Instructor.

Thank you for your cooperation.