

COMPLETED TEST COVER SHEET

Please compile answer sheets and attach this form on top.

Instructor: _____

Email: _____

Phone Number: _____

Class Name: _____

Date: _____

Time: _____

Class Location: _____

Number of Exams: _____

Exam Version: _____

Either Mail, Email/ PDF or Fax back to MenuTrinfo within the next 24 hours.
Certificates will be generated within 2 weeks upon MenuTrinfo receiving the exams.

Mail to : 155 North College Avenue
Suite 200
Fort Collins, Colorado 80524
Fax to : (888) 767-7064
Email to : Aller@MenuTrinfo.com

**Please Email or call with any questions.
(888) 767-6368**

The following is a self-compliance checklist to be completed and returned with student answer sheets. Please initial next to each item verifying that if you have abided by MenuTrinfo's Policies and Procedures.

- ____ I have served all individuals who are eligible for the program without regard to any non-merit factor
- ____ I have made reasonable efforts to verify learner identity (providing a sign-up sheet satisfies this requirement)
- ____ I have upheld the confidentiality of the test
- ____ I have maintained the privacy of the program participant
- ____ I have provided reasonable accommodation to individuals with disabilities (if requested) consistent with the Americans with Disabilities Act
- ____ To the best of my knowledge, I have upheld the standards set forth by MenuTrinfo® during my class

Signature _____ Date _____