



# Foothill-De Anza Community College District

Requester Name:

Requester Phone Number:

Requester Email:

☐ Evidence of Insurance

☐ Medical Malpractice (Internship)

☐ Additional Insured

☐ Other Endorsement:

☐ RUSH Flag

Date Needed By:

## Certificate Holder

Name:

Attention:

Address:

City, State, Zip Code:

Fax Number:

Email:

*Description of Event (Include Date, Address and Short Description):*

*Internship Description (Include College Name, Program Name and Student Name):*

*Special Instructions:*

***All certificates will be sent to Angela Jacobs with a copy sent to the Certificate Holder via mail and email (if provided).***