



IAR School of Real Estate

Providing Premier Professional Development

Student Affidavit Form

I certify that I have personally completed each assigned module of instruction and that my work in this course will be based on my own personal efforts, unassisted by any unauthorized individual or resource. I understand that receiving unauthorized assistance or tampering with course results will invalidate my course credit and may be a cause of action under the real estate laws and regulations of my state.

Please complete this form to ensure information on completion certificate is correct.

Name _____
(Name Must Match Name on Driver's License)

Address _____

City, State, Zip _____

Daytime Phone Number _____

Email _____

Course Name

Student Signature

Please mail to: Iowa Association of REALTORS®
1370 NW 114th Street – Suite 100
Clive, Iowa 50325

Fax to: 800-874-2002 or 515-453-1070