



# 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.

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Name \_\_\_\_\_  
*(Name Must Match Name on Driver's License)*

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Daytime Phone Number \_\_\_\_\_

Email \_\_\_\_\_

Course Name  
\_\_\_\_\_

Student Signature  
\_\_\_\_\_

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**Please return to the Iowa Association of REALTORS®**

Mail: 1370 NW 114<sup>th</sup> Street – Suite 100  
Clive, Iowa 50325  
Fax: 800-874-2002 or 515-453-1070  
Email: Education@iowarealtors.com