

|   |                              |  |
|---|------------------------------|--|
| Institute for Law Enforcement Education<br>6345 Flank Drive, Suite 1700<br>Harrisburg, PA 17112 | <b>CLASS ENROLLMENT FORM</b> | Phone: (717) 657-4219<br>E-mail: ra-ilee@pa.gov<br>Website: www.ileetraining.com |
|---|------------------------------|--|

|  |                             |                  |               |
|--|-----------------------------|------------------|---------------|
| Ptl/Off    Dep    Sgt    Det    Capt    Sheriff<br>Tpr    Cpl    Lt    Maj    Chief    _____ | First Name: _____ MI: _____ | Last Name: _____ | Suffix: _____ |
|--|-----------------------------|------------------|---------------|

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|---|--|--|
| <b>TO INSURE ACCURACY<br/>PLEASE COMPLETE ALL AREAS</b> | Chief/Director, etc. Name and Title: _____ | Primary Address for Correspondence:<br><div style="text-align: center;"> <input type="checkbox"/> WORK    <input type="checkbox"/> HOME         </div> |
|---|--|--|

|   |                             |  |                      |
|---|-----------------------------|--|----------------------|
| Police Department or Agency Name: _____ | Job/Assignment Title: _____ | Law Enforcement Officer:<br><div style="text-align: center;"> <input type="checkbox"/> YES    <input type="checkbox"/> NO         </div> | Date of Birth: _____ |
|---|-----------------------------|--|----------------------|

|                                   |             |              |                 |                      |
|-----------------------------------|-------------|--------------|-----------------|----------------------|
| Street Address/P.O. Box No. _____ | City: _____ | State: _____ | Zip Code: _____ | County (Work): _____ |
|-----------------------------------|-------------|--------------|-----------------|----------------------|

|                           |            |                    |
|---------------------------|------------|--------------------|
| Dept./Agency Phone: _____ | Fax: _____ | Work E-mail: _____ |
|---------------------------|------------|--------------------|

|                     |             |              |                 |                      |
|---------------------|-------------|--------------|-----------------|----------------------|
| Home Address: _____ | City: _____ | State: _____ | Zip Code: _____ | County (Home): _____ |
|---------------------|-------------|--------------|-----------------|----------------------|

|                   |                 |                    |
|-------------------|-----------------|--------------------|
| Home Phone: _____ | Cellular: _____ | Home E-mail: _____ |
|-------------------|-----------------|--------------------|

## CLASS REGISTRATION

| Class # | Class Name | Start Date (mm/dd/yy) | End Date (mm/dd/yy) | Location |
|---------|------------|-----------------------|---------------------|----------|
|         |            |                       |                     |          |
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| <b>PLEASE CHECK ONE OF THE STATEMENTS TO THE RIGHT AND SIGN</b> | I authorize the results of any tests associated with any or all of the above class(es) to be provided to the head of my organization.<br><br>I do not authorize the release of test results. | _____<br><b>Signature (must be provided)</b> |
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**COMMENTS:**

Please email completed form to ra-ilee@pa.gov. Confirmation emails are sent approximately 30 days prior to the start of class.

| FOR ILEE USE ONLY |   |   |   |   |   |   |   |         |   |
|-------------------|---|---|---|---|---|---|---|---------|---|
| EXAM              | 1 | 2 | 3 | 4 | 5 | 6 | 7 | AVERAGE | <b>Scored by:</b><br><input type="checkbox"/> Pass<br><input type="checkbox"/> Fail |
| PROJECTS          | 1 | 2 | 3 | 4 | 5 | 6 | 7 | AVERAGE |   |