

Institute for Law Enforcement Education 6345 Flank Drive Suite 1700 Harrisburg, PA 17112	<b>CLASS ENROLLMENT FORM</b>	Phone: (717) 657-4219 Fax: (717) 540-7497 E-mail: ra-ilee@pa.gov Website: www.ileetraining.com
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Ptl/Off    Dep    Sgt    Det    Capt    Sheriff Tpr    Cpl    Lt    Maj    Chief    _____	First Name: _____ MI: _____	Last Name: _____	Suffix: _____
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<b>TO INSURE ACCURACY PLEASE COMPLETE ALL AREAS</b>	Chief/Director, etc. Name and Title: _____	Primary Address for Correspondence: WORK                      HOME
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Police Department or Agency Name: _____	Job/Assignment Title: _____	Law Enforcement Officer: YES                      NO	Date of Birth: _____
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Street Address/P.O. Box No. _____	City: _____	State: _____	Zip Code: _____	County (Work): _____
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Dept./Agency Phone: _____	Fax: _____	Work E-mail: _____
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Home Address: _____	City: _____	State: _____	Zip Code: _____	County (Home): _____
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Home Phone: _____	Cellular: _____	Home E-mail: _____
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## CLASS REGISTRATION

Class #	Class Name	Start Date (mm/dd/yy)	End Date (mm/dd/yy)	Location

<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.  I do not authorize the release of test results.	_____ <b>Signature (must be provided)</b>
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**COMMENTS:**

**Please mail or fax this completed form to ILEE. Confirmation emails are sent approximately 30 days prior to the start of class.**

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