



Student Information

SF ID Number (if student has one): _____

Name: _____

(Last Name)

(First Name)

(MI)

Social Security Number: xxx-xx-_____

Check One:

Sworn LE/Corrections

Civilian

Contact Number: _____ and E-mail Address: _____

Course Enrollment Information

Course Dates: _____

Course Title: _____

Course Credit:

Salary Incentive

Mandatory Retraining

Note: Please carefully check the training announcement to determine which type of course credit may be used. Students must attend all sessions of the class and pass all requirements for credit (exams, practicals, written work, etc.). Students can only be excused from a class with prior approval by the Training Center Director or designee with appropriate documentation (subpoena, etc.). Make-up work for time missed must be completed and submitted prior to the end of the course.

Agency Information

Agency Name: _____

Authorized Agency Signature _____

Date _____

(This must be the signature of the person who approves training and salary incentive credit requests.)

Training Supervisor's Email _____

Please complete this form and email it to

helen.legall@sfcollge.edu

or fax it to (352)271-2929. You will receive an email confirmation that you have been registered.

