MANATEE TECH
LAW ENFORCEMENT ACADEMY

15A ADVANCED AND SPECIALIZED TRAINING ENROLLMENT FORM

Officer Information: **Officer Email Address:** _____

Officer Contact Phone Number_____

Name: _____ _____ _____
LAST **First** **M.I.**

_____ _____ _____ _____
Social Security Number **D.O.B.** **Race** **Sex**

Check One:

_____Law Enforcement _____Corrections _____Concurrent

_____Civilian _____Corrections Probation

_____Part-time Correctional Probation

Course Enrollment Information:

Training School: _____

Course Title: _____

Course Beginning Date: ____/____/_____ Course-Ending Date: _____/_____/_____

Check Course Credit: _____ Salary Incentive _____ Mandatory Re-Training

Agency Information:

Agency Name: _____
Agency Address: _____

_____ _____
Authorized Agency Signature **Date**

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