

<input type="checkbox"/> Ptl. <input type="checkbox"/> Dep. <input type="checkbox"/> Sgt. <input type="checkbox"/> Capt. <input type="checkbox"/> Sheriff <input type="checkbox"/> Tpr. <input type="checkbox"/> Cpl. <input type="checkbox"/> Lt. <input type="checkbox"/> Chief <input type="checkbox"/> _____	First Name:	MI:	Last Name:	Suffix:
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TO INSURE ACCURACY - PLEASE COMPLETE ALL AREAS	Nickname:	Date of Birth:	Primary Address for Correspondence: <input type="checkbox"/> WORK <input type="checkbox"/> HOME
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Police Department or Agency Name:	Job/Assignment Title:	Law Enforcement Officer: <input type="checkbox"/> YES <input type="checkbox"/> NO	Chief/Director, etc. Name and Title:
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Street Address/P.O. Box No.	City:	State:	Zip Code:
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County (Work):	Country (If not USA):	Dept./Agency Phone:	Fax:	E-mail:
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Home Address:	City:	State:	Zip Code:	County (Home):
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Home Phone:	Home Fax:	Cellular:	Pager:	E-mail:
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CLASS REGISTRATION

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

PLEASE CHECK ONE OF THE STATEMENTS TO THE RIGHT AND SIGN	<input type="checkbox"/> 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. <input type="checkbox"/> I do not authorize the release of test results.	_____ Signature (must be provided)
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COMMENTS:

Please mail or fax this completed form to ILEE at least 45 days prior to the start of the beginning date of class. If later than 45 days, please call ILEE to determine if there is space available for the class(es) you would like to attend.

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