

Institute for Law Enforcement Education 6345 Flank Drive Suite 1700 Harrisburg, PA 17112	COURSE REQUEST FORM	Phone: (717) 657-4219 Fax: (717) 540-7497 E-mail: ra-ilee@pa.gov Website: www.ileetraining.com
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HOST AGENCY DATA		Type of Agency: POLICE-Borough POLICE-City POLICE-County POLICE-Federal POLICE-Military POLICE-Regional POLICE-State POLICE-Township POLICE-University SHERIFF TRAINING CENTER OTHER _____			
Host Police Department or Agency Name:					
TO INSURE ACCURACY PLEASE COMPLETE ALL AREAS	ORI No.				
Street Address/P.O. Box No.				County:	
City:	State:			Zip Code:	
Dept./Agency Phone 1:				Dept./Agency Phone 2:	
Agency Web Page:		Fax:			
Agency E-mail:					

HEAD OF AGENCY DATA			
Rank or Title:	First Name:	MI:	Last Name:
E-mail:			

CONTACT PERSON					
Rank or Title:	First Name:	MI:	Last Name:		
Home Address:		City:	State:	Zip Code:	County (Home):
Home Phone:	Home Fax:	E-mail:			
Primary Address for Correspondence: WORK HOME		Primary Number for Contact: WORK HOME CELLULAR E-MAIL			Cellular:

COURSE REQUESTED				
Course No.	Course Name	Start Date (mm/dd/yy) FIRST CHOICE	Start Date (mm/dd/yy) SECOND CHOICE	Start Date (mm/dd/yy) THIRD CHOICE

How many host agency officers are expected to enroll?	
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NOTE: Classes are typically scheduled about 90 days in advance. If dates are unavailable, you will be contacted to arrange an alternate date.

CLASS SITE DATA			
Name of the facility where the class will be held:		Street Address:	County:
City:	State:	Zip Code:	Site Contact Person Name and Title:
Site Phone:	Site Fax:	Contact Home:	E-mail:

I request that the above course be scheduled and verify that the _____ (Agency Name) will abide by the requirements for the host agency as provided by the Institute for Law Enforcement Education for the operation of this class.

ILEE Class Approval: _____ Date: _____	_____ Signature of Chief of Police or Agency Director
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