

Institute for Law Enforcement Education
6345 Flank Drive
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Harrisburg, PA 17112

CLASS ENROLLMENT FORM

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- Ptl/Off
 Dep.
 Sgt.
 Capt.
 Sheriff
 Tpr.
 Cpl.
 Lt.
 Chief

First Name: _____ MI: _____

Last Name: _____

Suffix: _____

**TO INSURE ACCURACY
PLEASE COMPLETE ALL AREAS**

Chief/Director, etc. Name and Title: _____

Primary Address for Correspondence:

- WORK
 HOME

Police Department or Agency Name: _____

Job/Assignment Title: _____

Law Enforcement Officer:

- YES
 NO

Date of Birth: _____

Street Address/P.O. Box No. _____

City: _____

State: _____

Zip Code: _____

County (Work): _____

Dept./Agency Phone: _____

Fax: _____

Work E-mail: _____

Home Address: _____

City: _____

State: _____

Zip Code: _____

County (Home): _____

Home Phone: _____

Cellular: _____

Home E-mail: _____

CLASS REGISTRATION

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

**PLEASE CHECK ONE OF THE
STATEMENTS TO THE RIGHT
AND SIGN**

- 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.

Signature (must be provided)

COMMENTS:

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

FOR ILEE USE ONLY

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