REGISTRATION FORM

NAME: _____
LAST FIRST MIDDLE

GENDER: ____ MALE _____FEMALE RACE:_____

SOCIAL SECURITY # (last 4 digits only): _____

DATE OF BIRTH: _____ HIRE DATE: _____

RANK/TITLE: _____

WORK STATUS: ___FULL TIME ____ PART TIME _____ RESERVE _____ CIVILIAN

DEPARTMENT: _____

DEPT. ADDRESS: _____

CITY: _____STATE: _____ ZIP: _____

DEPARTMENT PHONE NUMBER: _____

EMAIL: _____

COURSE TITLE: _____

COURSE NUMBER: _____ COURSE LOCATION: _____

_____
OFFICER SIGNATURE