



LAW ENFORCEMENT IN-SERVICE TRAINING

LAST NAME _____ FIRST NAME _____ MI/FORMER NAME _____

HOME NUMBER AND STREET _____ HOME CITY _____

STATE _____ ZIP CODE _____ CELL _____ Male Female

MCOLES # _____ DEPARTMENT/AGENCY _____ DATE OF BIRTH _____ LAST 4 OF SSN _____

EMAIL ADDRESS _____ TEE SHIRT SIZE _____

SECTION No. _____ CESP No. _____ COURSE TITLE _____ AMT \$ _____

TOTAL \$ _____

Company paid tuition:

Co. Name _____

Co. Address _____

Billing Contact Person _____

Billing Email _____

Department Contact info :

Name _____

Phone Number _____

Email _____

Mail to:
 Schoolcraft College
 Public Safety Training Complex
 31777 Industrial Rd., Livonia, MI 48150
 Ph. 734.462.4307 | Fax. 734.462.4304
 Email: leis@schoolcraft.edu

