

## LAW ENFORCEMENT

**IN-SERVICE TRAINING** 

LAST NAME FIRST	NAME MI/FORMER NAME
HOME NUMBER AND STREET	HOME CITY
STATE ZIP CODE CELL	O Male O Female
MCOLES # DEPARTMENT/AGENCY	DATE OF BIRTH LAST 4 OF SSI
EMAIL ADDRESS	
SECTION No. CESP No. COUR	SE TITLE
	AMT: \$
	TOTAL \$
Company paid tuition:	
Co. Name	Department Contact info :
Co. Address	Name
	Phone Number
Billing Contact Person	Email
Billing 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

