

# SECURITY

## IN-SERVICE TRAINING

### REGISTRATION FORM

LAST NAME	FIRST NAME	MI/FORMER NAME	
ADDRESS AND STREET	CITY	STATE	ZIP
EMAIL ADDRESS	PHONE NUMBER	<input type="checkbox"/> MALE	<input type="checkbox"/> FEMALE
DEPARTMENT/AGENCY	DATE OF BIRTH	LAST 4 OF SSN	

SECTION NO.	CESP NO.	COURSE TITLE	FEE
			AMT \$
			TOTAL \$

<b>COMPANY PAID TUITION</b>
COMPANY NAME
ADDRESS
BILLING CONTACT PERSON
BILLING EMAIL

<b>DEPARTMENT CONTACT INFO</b>
NAME
PHONE NO.
EMAIL

**MAIL TO:**  
Schoolcraft College  
Public Safety Training Complex  
31777 Industrial Rd., Livonia, MI 48150  
Ph. 734.462.4306 | Fax. 734.462.4304  
Email: pa330@schoolcraft.edu

