



# 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 \_\_\_\_\_

**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  
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