



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, 31777 Industrial Rd., Livonia, MI 48150, Ph. 734.462.4307 | Fax. 734.462.4304, Email: leis@schoolcraft.edu

