



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



Schoolcraft
College