

Institute for Law Enforcement Education 6345 Flank Drive, Suite 1700 Harrisburg, PA 17112						CLASS ENROLLMENT FORM						Phone: (717) 657-4219 E-mail: ra-ilee@pa.gov Website: www.ileetraining.com							
Ptl/Off Dep Sgt Det Capt Sheriff Tpr Cpl Lt Maj Chief _____						First Name: _____ MI: _____						Last Name: _____				Suffix: _____			
TO INSURE ACCURACY PLEASE COMPLETE ALL AREAS						Chief/Director, etc. Name and Title: _____						Primary Address for Correspondence: <div style="display: flex; justify-content: space-around;"> WORK HOME </div>							
Police Department or Agency Name: _____						Job/Assignment Title: _____						Law Enforcement Officer: <div style="display: flex; justify-content: space-around;"> YES NO </div>				Date of Birth: _____			
Street Address/P.O. Box No. _____						City: _____						State: _____		Zip Code: _____				County (Work): _____	
Dept./Agency Phone: _____				Fax: _____		Work E-mail: _____													
Home Address: _____						City: _____						State: _____		Zip Code: _____				County (Home): _____	
Home Phone: _____				Cellular: _____		Home E-mail: _____													
CLASS REGISTRATION																			
Class #		Class Name				Start Date (mm/dd/yy)			End Date (mm/dd/yy)			Location							
PLEASE CHECK ONE OF THE STATEMENTS TO THE RIGHT AND SIGN				I authorize the results of any tests associated with any or all of the above class(es) to be provided to the head of my organization. I do not authorize the release of test results. _____															
				Signature (must be provided)															
COMMENTS:																			
Please email completed form to ra-ilee@pa.gov. Confirmation emails are sent approximately 30 days prior to the start of class.																			
FOR ILEE USE ONLY																			
EXAM		1	2	3	4	5	6	7	AVERAGE		Scored by: <input type="checkbox"/> Pass <input type="checkbox"/> Fail								
PROJECTS		1	2	3	4	5	6	7	AVERAGE										