Institute for Law Enforcement Education 6345 Flank Drive, Suite 1700 Harrisburg, PA 17112						ASS ENROLLMENT FORM					Phone: (717) 657-4219 E-mail: ra-ilee@pa.gov Website: www.ileetraining.com			
Ptl/Off	Dep Sgt	Det	Capt	Sheriff	First Name:		MI:			Last Name:			Suffix:	
Tpr	Cpl Lt	Мај	Chief											
TO INSURE ACCURACY PLEASE COMPLETE ALL AREAS						Chief/Director, etc. Name and Title:						Primary Address for Correspondence:  WORK HOME		
Street Address/P.O. Box No.  Dept./Agency Phone: Fax:					YES				YES	NO				
					City: State:					Zip Code:	County (Work):			
					Work E-mail:									
Home Address:				City:			State	:	Zip Code:		County (	Home):		
Home Phone:		Cellulai	r:		Home E-mail	:								
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COMMENTS:					Signa					ature (mu	ature (must be provided)			
COMMENT	5:													
Please email	completed	form to	ra-ilee@pa.	gov. Conf	irmation e	emails are	sent app	proximat	ely 30 day	s prior to	the start	of cla	ISS.	
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EXAM	1	2	3	4	5	6	<b> </b> ′	AVERAGE		Scored		Pass		
PROJECTS	1	2	3	4	5	6	7	AVERAGE				Fail		
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