

Institute for Law Enforcement Education 6345 Flank Drive, Suite 1700 Harrisburg, PA 17112					<b>CLASS ENROLLMENT FORM</b>					Phone: (717) 657-4219 E-mail: ra-ilée@pa.gov Website: www.illeetraining.com		
Ptl/Off Tpr	Dep Cpl	Sgt Lt	Det Maj	Capt Chief	First Name: _____ MI: _____				Last Name: _____		Suffix: _____	
<b>TO INSURE ACCURACY PLEASE COMPLETE ALL AREAS</b>					Chief/Director, etc. Name and Title: _____					Primary Address for Correspondence: WORK      HOME		
Police Department or Agency Name: _____					Job/Assignment Title: _____			Law Enforcement Officer: _____		Date of Birth: _____		
								YES	NO			
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: _____							
<b>CLASS REGISTRATION</b>												
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-ilée@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				