

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: ☐ WORK ☐ HOME			
Police Department or Agency Name: _____				Job/Assignment Title: _____		Law Enforcement Officer: ☐ YES ☐ NO		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	
5904		Search and Seizure				08/05/2027		08/05/2027		Franklin County Public Safety Training Center	
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: ☐ Pass ☐ Fail		
PROJECTS	1	2	3	4	5	6	7	AVERAGE			