

INDIANA LAW ENFORCEMENT ACADEMY REGISTRATION INFORMATION OFFSITE TRAINING

NAME: _____
Last First Middle Social Security Number*

_____ Hire Date Date of Birth _____ Driver's License Number

JAIL OFFICER CIVILIAN RESERVE

SWORN PAID OFFICER SWORN DATE: _____

EEOC (white, black, hispanic, etc.): _____ MALE FEMALE

DEPARTMENT: _____

DEPARTMENT E-MAIL ADDRESS: _____

DEPARTMENT MAILING ADDRESS: _____

_____ Street
_____ City _____ State _____ Zip Code

LOCATION OF COURSE: _____

COURSE TITLE: _____ Course Number

START DATE: _____ END DATE: _____

NAME AS DESIRED ON CERTIFICATE: _____
(Please Print)

SIGNATURE: _____ DATE: _____

FOR ILEA USE ONLY

*THE SOCIAL SECURITY NUMBER OF THE DATA SUBJECT IS BEING REQUESTED AS AN EXCHANGE OF INFORMATION BETWEEN AGENCIES PROVIDED FOR BY ic 4-1-6-2. DISCLOSURE IS NECESSARY TO FULFILL A STATUTORY MANDATE AND CONFIDENTIALITY OF THE SOCIAL SECURITY NUMBER WILL BE MAINTAINED BY THE LAW ENFORCEMENT TRAINING BOARD AS PROVIDED BY LAW.