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| Institute for Law Enforcement Education 6345 Flank Drive Suite 1700 Harrisburg, PA 17112 | <h1 style="margin: 0;">COURSE REQUEST FORM</h1> | Phone: (717) 657-4219 Fax: (717) 540-7497 E-mail: ra-ilee@pa.gov Website: www.ileetraining.com |
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| HOST AGENCY DATA | | |
| Host Police Department or Agency Name: | | |

TO INSURE ACCURACY PLEASE COMPLETE ALL AREAS

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| Street Address/P.O. Box No. | | County: |
| City: | State: | Zip Code: |
| Dept./Agency Phone 1: | Dept./Agency Phone 2: | Fax: |
| Agency Website: | Agency E-mail: | |

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|----------------------------|-------------|-----|------------|
| HEAD OF AGENCY DATA | | | |
| Rank or Title: | First Name: | MI: | Last Name: |
| E-mail: | | | |

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|-------------------------------------|--|--------|------------|----------------|--|
| CONTACT PERSON | | | | | |
| Rank or Title: | First Name: | MI: | Last Name: | | |
| Home Address: | City: | State: | Zip Code: | County (Home): | |
| Home Phone: | E-mail: | | | | |
| Primary Address for Correspondence: | Primary Number for Contact: | | | Cellular: | |
| WORK HOME | WORK HOME CELLULAR E-MAIL | | | | |

| COURSE REQUESTED | | | | |
|-------------------------|-------------|------------------------------------|-------------------------------------|------------------------------------|
| Course No. | Course Name | Start Date (mm/dd/yy) FIRST CHOICE | Start Date (mm/dd/yy) SECOND CHOICE | Start Date (mm/dd/yy) THIRD CHOICE |
| | | | | |

How many host agency officers are expected to enroll? _____

NOTE: Provide dates a minimum of 90 days prior. If the dates listed above are not available, you will be contacted to arrange an alternate date.

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|---|-----------|-------------------------------|-------------------------------------|
| CLASS SITE DATA - What is the maximum site enrollment? | | | |
| Name of the facility where the class will be held: | | Street Address: | County: |
| City: | State: | Zip Code: | Site Contact Person Name and Title: |
| Site Phone: | Site Fax: | Site Contact Person Cellular: | E-mail: |

I request that the above course be scheduled and verify that the _____ (Agency Name) will abide by the requirements for the host agency as provided by the Institute for Law Enforcement Education for the operation of this class.

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| ILEE Class Approval: _____ Date: _____ | _____ Signature of Chief of Police or Agency Director |
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