Insti	6345	Law Enforcem Flank Drive, Su arrisburg, PA 1	uite 1700	on	CL	CLASS 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:	First Name: MI:				Last Name:			Suffix:
Tpr	Cpl	Lt	Maj	Chief										
TO INSURE ACCURACY						Chief/Director, etc. Name and Title:						Primary Address for Correspondence:		
PI	SE COMPL	L AREA	S							WORK HOME				
Police Department or Agency Name:						Job/Assignment Title: Law Enforcement Officer:					Officer:	Date of Birth:		
						YES				YES	NO			
Street Address/P.O. Box No.						City: State:				State:	Zip Code:		County (\	Nork):
Dept./Agency Phone: Fax:						Work E-mail:								
Home Address:						City:				State:	Zip Code:		County (Home):	
Home Phone: Ceilular:						Home E-mail	1:							
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Class #			Class Name				Start Date (mm/dd/yy)			End Date (mm/dd/yy)		Location		
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PLEASE CHECK ONE OF THE of my organization.														
AN	ND SIG)N		l do not a	uthorize th	he release o	of test resul	ts.		Sig	nature (mi	ust be provid	ded)	
COMMEN	TS:									5-			,	
				ilee@pa.ç	jov. Con	firmation	emails are	sent ap	proxir	nately 30 da	ys prior t	o the start	of cla	ISS.
	ILEE	E USE ONI	1.					-	AV/55 -	05				
EXAM	1		2	3	4	3	6	1	AVERA	GE	Scored	by:	Pass	
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