



# LAW ENFORCEMENT IN-SERVICE TRAINING

LAST NAME  FIRST NAME  MI/FORMER NAME

HOME NUMBER AND STREET  HOME CITY

STATE  ZIP CODE  CELL   Male  Female

MCOLES #  DEPARTMENT/AGENCY  DATE OF BIRTH  LAST 4 OF SSN

EMAIL ADDRESS

SECTION No.  CESP No.  COURSE TITLE  AMT: \$

TOTAL \$

**Company paid tuition:**  
 Co. Name \_\_\_\_\_  
 Co. Address \_\_\_\_\_  
 Billing Contact Person \_\_\_\_\_  
 Billing Email \_\_\_\_\_

**Department Contact info :**  
 Name \_\_\_\_\_  
 Phone Number \_\_\_\_\_  
 Email \_\_\_\_\_

**Mail to:**  
 Schoolcraft College  
 Public Safety Training Complex  
 31777 Industrial Rd., Livonia, MI 48150  
 Ph. 734.462.4307 | Fax. 734.462.4304  
 Email: leis@schoolcraft.edu

