



# Public Safety Training Center

## Officer Information

Officer Name: \_\_\_\_\_  
(Last Name) (First Name) (MI)

Officer Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Check One:      Law Enforcement      Corrections

Officer Contact Number: \_\_\_\_\_

Officer Email Address: \_\_\_\_\_

## Course Information

Course Title: \_\_\_\_\_

Course Dates: \_\_\_\_\_

Course Credit:      Salary Incentive      Mandatory Retraining  
(Please carefully check course announcement to determine which type credit may be used)

## Agency Information

Agency Name: \_\_\_\_\_

\_\_\_\_\_  
Authorized Agency Signature

(This must be the signature of the person who approves training requests)

\_\_\_\_\_  
Date

Please complete this form and email to [AdvancedTraining@fgc.edu](mailto:AdvancedTraining@fgc.edu)