



Avery & Twyla Roberts School of Public Service

Officer Information

Officer Name: _____
(Last Name) (First Name) (MI)

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 fax to (386) 754-4883 or email to AdvancedTraining@fgc.edu