



# FLORIDA PUBLIC SAFETY INSTITUTE

## GRANT FUNDED LAW ENFORCEMENT TRAINING

### REGISTRATION

COURSE TITLE: \_\_\_\_\_

START DATE: \_\_\_\_\_

END DATE: \_\_\_\_\_

NAME: (PLEASE PRINT CLEARLY)

\_\_\_\_\_ LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ M.I. \_\_\_\_\_

\_\_\_\_\_ TITLE \_\_\_\_\_ AGENCY \_\_\_\_\_

_____
<b>DATE OF BIRTH (REQUIRED)</b>

\_\_\_\_\_ RACE \_\_\_\_\_ SEX \_\_\_\_\_

AGENCY ADDRESS: \_\_\_\_\_  
\_\_\_\_\_ STREET ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

\_\_\_\_\_ AGENCY COUNTY \_\_\_\_\_ AGENCY PHONE NUMBER \_\_\_\_\_

\_\_\_\_\_ YOUR E-MAIL ADDRESS \_\_\_\_\_

_____
<b>FULL SOCIAL SECURITY NUMBER (REQUIRED)</b>

Your SSN may be used to verify your status as a Florida law enforcement officer. Failure to give a valid SSN may interfere with the issuance of a certificate or a claim for salary incentive or mandatory retraining with FDLE. In compliance with Fl. Statute 119.071, this document serves to notify you of the purpose for the collection and use of your Social Security Number (SSN). Tallahassee Community College (TCC) collects and uses your SSN only in performance of the college's duties and responsibilities. To protect your identity TCC will secure your SSN from unauthorized access and never release your SSN to unauthorized parties.

I confirm that I am employed by a Florida law enforcement agency as a sworn officer OR a civilian employee whose duties include investigating, or assisting with the investigation of traffic crashes, or that I am employed by a Florida State Attorney's Office AS AN Assistant State Attorney.

\_\_\_\_\_ STUDENT'S SIGNATURE

\_\_\_\_\_ DATE SIGNED