



CENTRAL ILLINOIS POLICE TRAINING CENTER

Brian B. Fengel, Director

Illinois Central College-North Campus-Poplar Hall Classroom P101 office P100A

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ENROLLMENT FORM PLEASE PRINT CLEARLY

COURSE TITLE: _____

BEGINNING DATE: _____ ENDING DATE _____
(MONTH, DAY, YEAR) (MONTH, DAY, YEAR)

NAME: _____
LAST FIRST MIDDLE INITIAL

Last 4 Numbers SSN# _____ OR PTB# _____
MANDATORY FOR CLASS CREDIT/CLASSIFICATION

DOB: _____ Circle Gender: M or F

DEPARTMENT/AGENCY: _____

AGENCY ADDRESS: _____
NUMBER STREET

CITY STATE ZIP

AGENCY PHONE #: _____ DATE OF EMPLOYMENT: _____
(MONTH, DAY, YEAR)

EMPLOYMENT BRANCH: _____ STATUS: _____

ENTER ONE OF THE FOLLOWING LETTER CODES:

BRANCH

CO Corrections
L Law Enforcement
T Telecommunicator
C Coroner

S State Employee
F Federal
P Probation Officer
O Other

STATUS

F Full Time
P Part Time
A Auxiliary

SIGNATURE: _____

NOTE: THE ABOVE REGISTRATION INFORMATION IS NECESSARY FOR COMPLIANCE WITH THE INTERGOVERNMENTAL LAW ENFORCEMENT OFFICERS IN-SERVICE TRAINING ACT (P.A. 82-674)