



POLK STATE COLLEGE
KENNETH C. THOMPSON INSTITUTE OF PUBLIC SAFETY
TRAINING AUTHORIZATION - ADVANCED/SPECIALIZED COURSES

Formerly known as CJSTC Form 15A

-----EMPLOYING AGENCY-----

Student Information:

Student Last Name: _____ First Name: _____ MI: _____

Student SS#: _____ Race: _____ Sex: _____

Check one: Law Enforcement Corrections Correctional Probation

Concurrent Civilian

Course Enrollment Information:

Course Title: _____

Course Beginning Date: _____ Course Ending Date: _____

Course Credit (Check One): Salary Incentive

Mandatory Retraining

Neither

Agency Information:

Agency Name: _____

Authorized Agency Representative (please print): _____

Authorized Agency Signature: _____ Date: _____

Agency Training Center Contact Information

Contact Name: _____

Telephone Number: _____ Email: _____