

**POLK STATE COLLEGE**  
**KENNETH C. THOMPSON INSTITUTE OF PUBLIC SAFETY**  
**Training Authorization & Advanced/Specialized Course Registration**

**Student Authorization (Formerly CJSTC 15A)**

**Student Registration**

Student Name: \_\_\_\_\_  
(Last Name) (First Name) (FULL Middle Name) (Sr, Jr, etc)

Student SS#: \_\_\_\_\_ Student email: \_\_\_\_\_

Supervisor/email \_\_\_\_\_

**Check one:** Law Enforcement  Corrections  Correctional Probation  Civilian

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

Agency Address: \_\_\_\_\_  
(Street) (city) (state) (zip)

<b>Date of Birth</b>  <b>MM / DD / YYYY</b>	<b>Gender</b>  <input type="checkbox"/> Male <input type="checkbox"/> Female	<b>Telephone Numbers</b>  Preferred:  Work:
---------------------------------------------------	------------------------------------------------------------------------------------	---------------------------------------------------------

Race (Required by the U.S. Office of Education Title VI Civil Rights Act of 1964)

<input type="checkbox"/> White (Non-Hispanic)	<input type="checkbox"/> Asian/Pacific Islander	<input type="checkbox"/> American Indian/Alaska Native
<input type="checkbox"/> Black (Non-Hispanic)	<input type="checkbox"/> Hispanic	

**Note: Form MUST be completed in its entirety or the officer WILL NOT be registered. Ensure that you are using the most current form for this class. These forms are pre-filled for specific classes and located with the course announcement online <https://www.polk.edu/ips>.**

**Officers/Civilians in Region 8 are at \$0.00 fee. Officers/Civilians outside of Region will be placed on a WAITING LIST and must have a reciprocal agreement in place with PSC before the 1<sup>st</sup> day of class. The course fee will be the per student cost on the course announcement (subject to change).**

**Agency Registration Section**

Course #	Course Title	Dates	Time	Location
				Center for Public Safety

**Course Credit (Check One):** Salary Incentive  Mandatory Retraining

Neither  (support personnel/civilians only)

Authorized Agency Representative (please print): \_\_\_\_\_

Authorized Agency Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

Telephone Number: \_\_\_\_\_ Email: \_\_\_\_\_