LAKE TECHNICAL COLLEGE

INSTITUTE OF PUBLIC SAFETY

TRAINING AUTHORIZATION ADVANCED/CAREER DEVELOPMENT COURSES

THIS DOCUMENT MAY BE REPRODUCED

Officer Information

Officer Name:			
(Last Name) Home Phone	(First Name)Work Phone	Cell	(MI)
Email:	Ra	ace:S	ex:
Check One:Law Enforce	mentCorrectionsCorrectional		current
C	Course Enrollment Infor	mation	
Training School: Lake Technic	cal College – Institute of Pu	blic Safety	
Course Title:			
Course Beginning Date Course Ending Date:		Salary Incent	
Agency Information			
Agency Name:			
Supervisor's Signature	Da	ate:	
Training Officer's Signature	Da	ate:	
	TRAINING SCHOO	L	
Course Sequence Number:			
Course Beginning Date:	Co	ourse Ending Date:	
This officer has / has not succes	sfully completed this course	2.	
Remarks:			
Training Center Director/Design	nee	Date	
Main Campus	IPS Campus	IPS Range	
2001 Kurt Street	1565 Ken Bragg Way	13000 Frankies	s Road
Eustis, FL 32726	Tavares, FL 32778	Tavares, FL 32	2778