Institute for Law Enforcement Education 6345 Flank Drive, Suite 1700 Harrisburg, PA 17112					ASS ENROLLMENT FORM					Phone: (717) 657-4219 E-mail: ra-ilee@pa.gov Website: www.ileetraining.com				
Ptl/Off	Dep Sgt	Det	Capt	Sheriff	First Name:		MI:			Last Name:			Suffix:	
Tpr	Cpl Lt	Maj	Chief											
	Chief/Director, etc. Name and Title:						Primary Address for Correspondence:							
PLEASE COMPLETE ALL AREAS												WORK HOME		
Police Department or Agency Name:					Job/Assignment Title: Law Enforcement Officer:						Date of Birth:			
Street Address/P.O. Box No. Dept./Agency Phone: Fax:					YES City: State:				NO					
									Zip Code:	County (Work):		Vork):		
					Work E-mail:									
Home Address:				City:			S	tate:	Zip Code:	C	County (I	Home):		
Home Phone:		Cellular:			Home E-mail	:								
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COMMENT	5 :													
Please email	completed t	orm to ra	-ilee@pa.g	gov. Confi	irmation e	emails are	sent app	proxim	ately 30 day	ys prior to	o the start	of cla	SS.	
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