



# TRAINING AUTHORIZATION

## ADVANCED/CAREER DEVELOPMENT COURSES

-----TO BE SUBMITTED BY THE EMPLOYING AGENCY-----

Today's Date: \_\_\_\_\_

### OFFICER INFORMATION

Officer Name: \_\_\_\_\_  
Last Name First Name MI

SSN: \_\_\_\_\_

Check One:  Law Enforcement Officer  Correctional or Probation Officer

### COURSE ENROLLMENT INFORMATION

Training School Name: **EASTERN FLORIDA STATE COLLEGE - Public Safety Institute**

Course Title: \_\_\_\_\_

Dates of Course: \_\_\_\_\_

Course Credit: (Check One)  Salary Incentive  Mandatory Retraining

### AGENCY INFORMATION

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

\_\_\_\_\_  
Printed Name of Person Authorizing Phone

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

E-mail address: \_\_\_\_\_

### RESERVED FOR TRAINING SCHOOL

Course #: \_\_\_\_\_

Course Dates: \_\_\_\_\_

Authorizing Signature: \_\_\_\_\_

This form may be printed and remitted via email to [advtraining@titans.easternflorida.edu](mailto:advtraining@titans.easternflorida.edu)