

## ADVANCED/SPECIALIZED TRAINING AUTHORIZATION

Criminal Justice Institute 3001 S.W. College Road Ocala, FL 34474-4415 352-873-5838, ext. 1264

Officer's Information				
Name:				
Last	First		Middle	Jr. etc.
Rank:				
Agency Contact Name:				
Agency Telephone No.:	Agency Email:			
Course Information				
Course Title:				
Course Beginning Date:		Course Ending Date:		
Course Will Be Used for:	☐ Salary Incentive	☐ Mandatory Req	uirement	
Agency Approval				
Authorized Agency Signature			Date (MM/DD/YY)	
Agency				
To be placed on the course list, return this completed form after receiving your agency's approval.				
	Forms may be	sent by mail to:		
Criminal Justice Institute, 3001 S.W. College Road Ocala, FL 34474 (AST@cf.edu)				
	or sent <b>via fax</b>	to 352-873-5862.		
Training School Use Only				
Course Sequence No.:		This officer has succ	cessfully completed to	his course.
Training Center Director Signature			Date (MM/I	DD/YY)