

## 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 Requi	rement	
Agency Approval				
Authorized Agency Signature		D	Pate (MM/DD/YY)	
Agency				
To be placed on the course	e list, return this comp	oleted form after rece	eiving your agenc	y's approval.
	Forms may be	sent <b>by mail</b> to:		
Kat Kelley, Criminal Justice In	stitute Coordinator, 300	•	Ocala, FL 34474 ( <u>l</u>	xelleyk@cf.edu
Training School Use Only				
Course Sequence No.:		This officer has succes	ssfully completed thi	s course.
Training Center Director Signature			Date (MM/DI	D/YY)

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