



ANGELINA COLLEGE POLICE ACADEMY
Registration Application (Please Print, MUST include PID and SS#)

Name: _____
(Last) (First) (Middle Int.)

[] Male [] Female Ethnic Origin _____ DOB _____
(mm/dd/yyyy)

Address _____

City _____ State _____ Zip _____ Home Phone (____) _____

SSN _____ DL# _____ State _____ Expires _____

Employer _____ PID# _____ Work Phone (____) _____

(1) Peace Officer & Reserves ____ (3) Licensed Telecommunicators ____ (4) Elected Official ____
(5) County & Contract Jailers ____ (6) Civilians not licensed by TCLEOSE ____

Course Title _____ Course # _____ Credit Hours _____

Location of training _____ Beg. Date _____

Instructor _____ Course Tuition _____ Date pd _____

Method of payment: ___Cash ___ Check# _____ Credit Card # _____

Expiration date _____ Card Type: MC () Visa () Discover () AmExp ()

If your department is funding this training please complete the following:
(MUST HAVE 3RD PARTY BILLING AGREEMENT WITH AC BUSINESS OFFICE)

Agency Name _____

Billing Address _____ City _____ ST _____ Zip _____

Name of individual authorized to approve expenditure:

(Printed Name and Rank) (Signature) (Date)

Instructions for use of this form:

- 1. Fill out ALL BLANKS on form.
2. If agency is paying for training, have an authorized individual PRINT, SIGN and DATE the bottom of the Registration form – MUST have 3rd party agreement with AC Business Office
3. FAX Form to the POLICE ACADEMY at 936-633-5478 or mail with payment to:
Angelina College Police Academy P.O. Box 1768 Lufkin, TX 75902