

# Training Request

(Training requests must complete the Chain-of-Command approval process **at least 2 weeks prior** to training start date)

Attendee: \_\_\_\_\_ PID#: \_\_\_\_\_ Shift: \_\_\_\_\_

DOB: \_\_\_\_\_ SSN: \_\_\_\_\_ Email: \_\_\_\_\_

Course Title: \_\_\_\_\_ TCOLE #: \_\_\_\_\_  
(If Known)

Course Provider: \_\_\_\_\_

Course Location: \_\_\_\_\_ Course Date(s): \_\_\_\_\_

Course Tuition: \_\_\_\_\_ Total Training Hours: \_\_\_\_\_ Other Expenses: \_\_\_\_\_  
(Ammo, Parking, Supplies, Etc.)

Method of Travel: ☐ City Vehicle ☐ Private Vehicle ☐ Airplane ☐ Other: \_\_\_\_\_

Attendee Needs: ☐ Hotel ☐ Per Diem ☐ Fuel Cards ☐ Duty Time ☐ Other: \_\_\_\_\_

## \*\*\*Complete if training requires overnight stay\*\*\*

(Training requiring overnight stays must complete the Chain-of-Command approval process **at least 3 weeks prior** to departure date)

Depart: \_\_\_\_\_ Return: \_\_\_\_\_ Travel Time: \_\_\_\_\_  
Date Time Date Time One Way

Hotel: \_\_\_\_\_ Cost: \_\_\_\_\_  
Name Address Per Night

Hotel Phone: \_\_\_\_\_ Hotel Website: \_\_\_\_\_

**(\*) Required** \* Is request submitted with sufficient time to complete approval process? ☐ Yes ☐ N/A  
\* Is a course provider flyer or brochure with contact information attached? ☐ Yes ☐ N/A  
\* If training is provided by ACPA, is an ACPA Registration form attached? ☐ Yes ☐ N/A

☐ Approved ☐ Declined Sergeant: \_\_\_\_\_  
Signature Date

☐ Approved ☐ Declined Lieutenant: \_\_\_\_\_  
Signature Date

☐ Approved ☐ Declined Chief: \_\_\_\_\_  
Signature Date

Reason not approved: \_\_\_\_\_

## FOR TRAINING DIVISION USE ONLY

Course Registration <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Completed:	Method: <input type="checkbox"/> Completed by Attendee <input type="checkbox"/> Fax <input type="checkbox"/> E-mail <input type="checkbox"/> Phone	Payment: <input type="checkbox"/> Invoice <input type="checkbox"/> CC# _____ <input type="checkbox"/> PO# _____ <input type="checkbox"/> Other
Lodging Reservation <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Completed:	Breakfast Provided: <input type="checkbox"/> Yes <input type="checkbox"/> No	Hotel Confirmation #: _____ Credit Card #: _____
Per Diem Request <input type="checkbox"/> Yes <input type="checkbox"/> No	TR&E Report Completed:	<input type="checkbox"/> Sent to Chief _____ <input type="checkbox"/> Rec'd from Chief _____	<input type="checkbox"/> Sent to Finance _____ <input type="checkbox"/> Approval Rec'd _____
Fleet Vehicle Needed <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Fleet Notified:	<input type="checkbox"/> Entered and Filed _____	Signature _____

**Angelina College Regional Police Academy**  
(Registration Form) Revised 12/01/2017

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Male ☐ Female ☐ Ethnic Origin: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

SSN: \_\_\_\_\_ DL: \_\_\_\_\_ State: \_\_\_\_\_ PID#: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_ 2<sup>nd</sup> Phone: \_\_\_\_\_

(1) Peace Officer ☐ (2) Licensed Telecommunication ☐  
(3) Jailer ☐ (4) Civilian not licensed by TCOLE ☐

Course Title: \_\_\_\_\_ Course#: \_\_\_\_\_ Credit Hrs: \_\_\_\_\_

Location: \_\_\_\_\_ Beg. Date: \_\_\_\_\_ Tuition: \_\_\_\_\_

Instructor: \_\_\_\_\_

Method of Payment: Cash ☐ Check ☐ Check# \_\_\_\_\_  
Credit Card ☐ CC# \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
Card Type: MC ☐ VISA ☐ Discover ☐ AmExpress ☐  
Third Party Billing

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

Billing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name of individual authorizing approved expenditures:

\_\_\_\_\_  
(Print Name and Rank)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

### Instructions for cancelling course:

Contact Community Services no later than 48 hours after the end of a course to request a change to enrollment (adds or drops) for that course.

Third party payers who make enrollment changes (adds or drops) 24 hours or less before the start of a class may not see those changes reflected in the current invoice. Such enrollment changes may be included in the invoice for the following month.

### Receiving TCOLE Credit:

If student has any outstanding debt owed to the Angelina College, student will not be able to register and will not receive TCOLE credit.

#### Instruction for Registration form:

- (1) Fill in all blanks of form.
- (2) Fax form to 936-633-5478, Email to mrosario@angelina.edu or mail to Angelina College Regional Police Academy POB 1768 Lufkin, Tx 75902.