# LAKE TECHNICAL COLLEGE

# **INSTITUTE OF PUBLIC SAFETY**

## TRAINING AUTHORIZATION ADVANCED/CAREER DEVELOPMENT COURSES

#### THIS DOCUMENT MAY BE REPRODUCED

### **Officer Information**

Officer Name:	st Name)	<del></del>		(MI)
(Last Name)		(First Name)		
Primary Phone:		ork Phone:	Addit	tional Phone:
Email:				
Check One:	Law Enforcement	Corrections	Concurrent	<b>Correctional Probation</b>
	(	Course Enrollme	nt Information	
Training School:	Lake Technical College	- Institute of Public	<u>Safety</u>	
Course Title:				
Course Beginning	/ /		Salar	y Incentive
Course Ending Da	ate://		Mano	latory Retraining
Agency Inform	ation			
Agency Name:				
Supervisor's Sign	ature		Date	
Training Officer's	s Signature		Date	
		Training	School	
Course Sequence	Number:			
Course Beginning	<b>Date:</b> / / /	_ Course Ei	nding Date:/_	/
This officer has / h	as not successfully comp	leted this course.		
Remarks:				
Training Center Di	rector/Designee		Date	
Main Campu		IPS Campus		IPS Range
2001 Kurt Stre		1565 Lane Park Cu Tayares EL 32778		13000 Frankies Road Tavares, FL 32778
Eustis, FL 32	/20	Tavares, FL 32778		Tavares, FL 32//8