



Commonwealth of Virginia  
Virginia Department of Criminal Justice Services  
**School Security Officer (SSO)**

---

## Training Class Request

### REQUESTED BY

---

School Division: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

---

### SESSION INFORMATION

*(When entering time of class each day, please make sure you allow 8 hours of instruction time not including lunch and breaks. (i.e., 7:00 am – 4:00 p.m. gives you 8 hours of instruction time, 30 minutes for lunch and 2 breaks)*

Dates of Class: \_\_\_\_\_ Times: \_\_\_\_\_

Location: \_\_\_\_\_

Street Address: \_\_\_\_\_

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

Phone: \_\_\_\_\_

Number of in-house seats: \_\_\_\_\_

Number of seats available to outside divisions (if any): \_\_\_\_\_

Instructor(s): \_\_\_\_\_

---

### TESTING

*(The time of the actual module being taught, i.e., 7:00 am – 11:00 am)*

Please provide testing dates and times below:

Module 1: Date: \_\_\_\_\_ Time: \_\_\_\_\_

Module 2: Date: \_\_\_\_\_ Time: \_\_\_\_\_

Module 3: Date: \_\_\_\_\_ Time: \_\_\_\_\_

Module 4: Date: \_\_\_\_\_ Time: \_\_\_\_\_

Module 5: Date: \_\_\_\_\_ Time: \_\_\_\_\_

---

Once approved, a Partial In-Service Credit (PIC) form will be sent to you to hand out at the end of your training.

Please submit your class rosters to [schoolsecurity@dcjs.virginia.gov](mailto:schoolsecurity@dcjs.virginia.gov) within 5 days of completion of training.

---