



School Security Officer Training Class Request Form

Requested by

Name:
Title:
Email:
Daytime Phone No:

Host Information

Host Locality:
Requested Training Dates:
Hours: to
Additional training date information here:

Training Modules to be completed (provide all that apply [1,2,3,4,5]):
Number of students you will be training:
Number of additional seats available to others:

Training Site Address

Facility Name:
Street, City:
Phone:

Suitable Curriculum Mailing Address

Name:
Address:
City, State, Zip:
United Parcel Service Account Number :
(curriculum shipping cost is billed to recipient's UPS account)

Testing

Please provide testing dates AND times in the space provided.

Module 1:
Module 2:
Module 3:

Name of Proctor:
Title:
Mailing Address:

Daytime phone: