Commonwealth of Virginia
Virginia Department of Criminal Justice Services
Campus Security Officer (CSO)

Basic Training Roster

College/University/Private
Security Company Name: _____

Class Location: _____

Dates and Times of Class: _____

Instructor: _____

	STUDENT NAME [Instructor – Type In Last Name First]	STUDENT SIGN-IN DAY 1 (Signature)	CHECK-IN DAY 2 (Initial)	EMAIL ADDRESS (Print Neatly)	TEST SCORES	
					Test Score	Retest Score
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						