



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

Dates of Class: _____ Times: _____

Location: _____

Phone: _____

Number of in-house seats: _____

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

Instructor(s): _____

TESTING

Please provide testing dates and times below:

Module 1: _____ Module 4: _____

Module 2: _____ Module 5: _____

Module 3: _____

Submit rosters to schoolsecurity@dcjs.virginia.gov within 5 days of completion of training.