



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 | EMAIL ADDRESS (Print Neatly) | TEST SCORES | |
|-----|--|-----------------|---------------------------------|-------------|--------------|
| | | | | Test Score | Retest Score |
| 1. | | | | | |
| 2. | | | | | |
| 3. | | | | | |
| 4. | | | | | |
| 5. | | | | | |
| 6. | | | | | |
| 7. | | | | | |
| 8. | | | | | |
| 9. | | | | | |
| 10. | | | | | |
| 11. | | | | | |
| 12. | | | | | |