**Commonwealth of Virginia**
**Virginia Department of Criminal Justice Services**
# Campus Security Officer (CSO) Basic Training Roster

College Name: _____

Class Location: _____

Dates and Times of Class: _____

Instructor: _____  Locality: _____

| STUDENT NAME [Instructor - Type Last Name First] | STUDENT SIGN-IN | STATE & DRIVER'S LICENSE NO. | EMAIL ADDRESS (Print Neatly) | TEST SCORES | | | |
|---|---|---|---|---|---|---|---|
| | | | | Mod I | Mod II | Mod III | Mod IV |
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