

Angleton Police Department Training Academy Class Registration Form

Class: _____

Date(s) of Class: _____

Attendee Name: _____

TCOLE PID#: _____

Department: _____

Phone: _____

Email: _____

THIS FORM MUST BE RECEIVED BY THE TRAINING COORDINATOR AT THE ANGLETON POLICE DEPARTMENT NO LATER THAN SEVEN (7) WORKING DAYS PRIOR TO THE START OF THE CLASS. FAX THIS ENROLLMENT FORM TO THE ANGLETON POLICE DEPARTMENT, ATTN. CPL. CAMERON PARSONS, AT FAX NUMBER 979-849-2387, OR EMAIL THE FORM TO: CPARSONS@ANGLETONPD.NET