



South Carolina Criminal Justice Academy

STUDENT REGISTRATION FORM LAW ENFORCEMENT TRAINING

Course Title: _____ Course Hours: _____

Course Location: _____ Course Date(s): From _____
To _____

SCCJA Instructor(s): _____

Other Instructors: _____

Teleclass Legals Advanced Regional

(USE THIS SECTION FOR DATAMASTER CERTIFICATION/RECERTIFICATION ONLY)

ENTER EXISTING DATAMASTER #:
DM: _____ EXPIRATION DATE: _____

Student Data

Student Name: _____
Last First Middle

S. S. Number: ____/____/____ Date of Birth: ____/____/____ Race: _____ Sex: _____

Home Address: _____

County: _____ City: _____ State: _____ Zip: _____ Phone: _____

Employing Agency: _____

PO or Street Address: _____

County: _____ City: _____ State: _____ Zip: _____ Phone: _____

Are you certified as a Law Enforcement Officer? Yes No

Dormitory Room Needed?
(Complete this portion if course is held at CJA only.)
 Yes No