

Forensic Technician Certificate

Complete Required Courses

Crime Scene Investigation

Latent Print Processing

Purchase Option

Standard Certificate – \$30

STUDENT INFORMATION

Your name will appear on your certificate as written. Please use your legal name and type or print clearly.

*Social Security Number (SSN) is used for record keeping purposes only and TCOLE credit (if applicable).

Last Name: _____ First Name: _____ Middle Initial: _____ Suffix: _____
Date of Birth: _____ Last 4 of SSN: _____ OR TEEEX Student Identification #: _____
U.S. Citizen? Yes No Non-U.S. Identifier: _____ Veteran? Yes No

AFFILIATION INFORMATION

Agency Name: _____ Position/Title: _____
Mailing Address: _____
City: _____ State: _____ Zip Code: _____
Email Address: _____ Phone #: _____ Fax #: _____

Texas Participants – Texas Commission on Law Enforcement

Ensure that you have included Date of Birth above _____ TCOLE PID #: _____

Please email or fax your application to ILEPSE@teex.tamu.edu / Fax: (979) 862-2788.

FOR OFFICE USE ONLY

Date Application Received: _____ Date Application Approved: _____
Approving Program Manager: _____
Date Certificate Issued: _____ Issued By: _____