

Participant Registration Form- Central Texas Police Academy

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

TPA 100 Basic Police Officer Course	Course Date(s):
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PARTICIPANT INFORMATION

*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:		TEEX ID #:		OR Last 4 of SSN#:		Shirt Size:			
U.S. Citizen?	Yes	No	Veteran?	Yes	No	Weapon Caliber:			
Email:					Phone Number:				

TCOLE (TEXAS COMMISSION ON LAW ENFORCEMENT) - TEXAS PARTICIPANTS ONLY

ENSURE THAT YOU HAVE INCLUDED YOUR DATE OF BIRTH IN THE STUDENT INFORMATION SECTION ABOVE.

TCOLE PID#:

PERSONAL / AGENCY INFORMATION

Sponsored	Yes	No	If YES, provide agency information below			If NO, provide only your personal information		
Agency Name:				Agency Point of Contact:				
Mailing Address:								
City:			State:			Zip Code:		
Email Address:			Phone #:			Fax #:		
Preferred Mailing Address (if different than above):								
City:			State:			Zip Code:		

"I accept the [Participant Policies](#) including, but not limited to, Transfer, Cancellation, and Release of Liability."

I have read and understand the Participant Policies provided in the link above.

Student Signature:	Date:
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