

Daytona State College  
School of Emergency Services



**15-A COURSE AUTHORIZATION AND ENROLLMENT INFORMATION**

*To use this form, print it and fill it out. Please print legibly in black ink, or type on the form.*

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**COURSE INFORMATION**

Course Title: \_\_\_\_\_ Course Date(s): \_\_\_\_\_

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**AGENCY INFORMATION**

Agency Name (No initials, please): \_\_\_\_\_

Agency Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_, FL Zip \_\_\_\_\_

Agency Phone Number (\_\_\_\_) \_\_\_\_\_ Agency Fax Number (\_\_\_\_) \_\_\_\_\_

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**ATTENDEES**

#1 Name (First name, MI, Last name) \_\_\_\_\_

SSN: \_\_\_\_\_

Type of Credit to be applied:  Salary Incentive OR  Mandatory Retraining

Agency Type:  Law Enforcement  Corrections  Correctional Probation  Agency Support Personnel

Self-Pay Non-Sworn  Payment Enclosed \$ \_\_\_\_\_

#2 Name (First name, MI, Last name) \_\_\_\_\_

SSN: \_\_\_\_\_

Type of Credit to be applied:  Salary Incentive OR  Mandatory Retraining

Agency Type:  Law Enforcement  Corrections  Correctional Probation  Agency Support Personnel

Self-Pay Non-Sworn  Payment Enclosed \$ \_\_\_\_\_

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**REQUIRED AUTHORIZATION**

Authorized Agency Representative Signature \_\_\_\_\_

Printed Authorized Agency Representative Name \_\_\_\_\_

Or ASID Number: \_\_\_\_\_

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**FAX or MAIL to: Jodie Swanson at 386-506-3902 [swansoj@daytonastate.edu](mailto:swansoj@daytonastate.edu)**

Daytona State College  
1200 International Speedway Blvd - Bldg. # 420  
School of Emergency Services  
Daytona Beach, FL 32120