



**COLLEGE of
CENTRAL
FLORIDA**

3001 SW COLLEGE RD OCALA, FL 34474

(352) 873-5838 EXT. 1431

ADVANCED/SPECIALIZED TRAINING AUTHORIZATION

OFFICER'S INFORMATION

<i>RANK</i>	<i>LAST NAME</i>	<i>FIRST NAME</i>	<i>MIDDLE</i>
<i>SSN#</i>		<i>AGENCY and e-mail address</i>	

COURSE INFORMATION

<i>COURSE TITLE</i>	
<i>COURSE BEGINNING DATE</i>	<i>COURSE ENDING DATE</i>

COURSE WILL BE USED FOR :

SALARY INCENTIVE

MANDATORY

*To be placed on the course list please return this completed form after receiving your agency's approval. Forms may be faxed or sent by mail to : **Mike Colacone, Coordinator**
Fax (352) 873-5862 3001 SW College Rd. Ocala, FL 34474 colaconm@cf.edu*

AGENCY APPROVAL

<i>Authorized Agency Signature</i>	<i>Date</i>	<i>Agency</i>
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TRAINING SCHOOL USE ONLY

Course sequence number: _____ This officer has successfully completed this course. _____ TRAINING CENTER

DIRECTOR DATE