

GPSTC – GARDEN CITY108 Sunshine Avenue
Savannah, GA 31405
Telephone 912-644-7766 Fax Phone 912-644-7700**GPSTC Student
Authorization Form****FOR GPSTC – GARDEN CITY
OFFICE USE ONLY**

Entered By: _____

AGENCY INFORMATION**COURSE INFORMATION***Please print or type all agency information*

- (1) Agency _____
- (2) Agency Code _____
- (3) Address _____
- (4) City _____ State _____ Zip _____
- (5) Agency Phone # _____ Fax # _____
- (6) Training Officer Phone # _____
- (7) Email _____
- (8) Agency Head (or designee) _____
- (9) Type of Agency Government Subscription
 Municipal State Private Corporation
 County Federal Profit Non-Profit (under IRS provisions)
 Out-of-State Private Citizen

(10) GPSTC – Garden City Course Number
_____(11) Course Title
_____(12) Dates
_____**Only three (3) students per agency should be listed, in order of acceptance priority.**

	Student #1	Student #2	Student #3
(13) Name			
(14) SSN			
(15) Sex / Date of Birth	/	/	/
(16) Certification #			
(17) Certification Type			
(18) Phone #			
(19) Email			
(20) Rank			
(21) Current Assignment			

WAIT LISTED STUDENTS – If placed on the waiting list, students can not be registered for any other class with the same title NOR any class that starts or ends during the same period. The waiting list is for this class only. If the student is not selected for this class before the start date, the application will be cancelled.

AUTHORIZATION

By the signature below, I verify that the student(s) listed above has met or will have met all prerequisites for this class by the start date. All applicants for this program must supply proof to the course coordinator by the first day of class that he/she has satisfactorily completed the noted prerequisites. Failure to do so will require that the applicant be dismissed from the training program. Check with the sponsoring academy for verification of prerequisite requirements.

(22) Agency Head (or Designee) (Type or Print)

(23) Title:

(24) Date:

(25) Signature:

REGISTRATION STATUS

_____ You have been accepted to attend this course.
 In the event you are unable to attend, contact RPA - Athens ASAP to cancel your registration.

_____ This class is FULL.
 It will be offered at a later date. Please continue to check our website.

_____ You have been added to the Waiting List.

_____ Agency Head or Designee's signature is required.