

**REGIONAL POLICE  
ACADEMY - SAVANNAH**

108 Sunshine Avenue  
Garden City, GA 31419-1997  
Telephone 912-644-7766 Fax Phone 912-644-7700

**GPSTC Student  
Authorization Form**

**FOR RPA - SAVANNAH 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
County	Federal
Out-of-State	Private Corporation
	Profit
	Non-Profit (under IRS provisions)
	Private Citizen

- (10) RPA – Savannah 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			

**This section MUST be filled in completely.**

**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 - Savannah 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.