

**REGIONAL POLICE  
ACADEMY (Savannah)**

11935 Abercorn Street  
Savannah, GA 31419-1997  
Telephone 912-927-5226 Fax Phone 912-927-5227

# Student Authorization Form

**FOR 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) SEGPA 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			
(16) Certification #			
(17) Certification Date			
(18) Certification Type			
(19) Date of Birth			
(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 SEGPA 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.