PERSONAL REQUEST FOR YOUR LAW ENFORCEMENT OFFICER TRAINING ACADEMY CURRICULUM, EMPLOYMENT HISTORY AND TRAINING RECORD

This form is to be used by an individual requesting their own law enforcement officer employment history and training record and/or their training academy curriculum. This form must be completed including the individuals signature and returned to MCOLES with a copy of their driver's license.

Name: _____
(Please print or type)

Contact Telephone Number: _____

MCOLES Number: _____

Or

Last 4 Digits of Social Security Number: _____

Birth Date: _____

Please provide the following:

☐ Training Academy Curriculum

☐ Employment History & Training Record

Please return the documents by:

☐ Email:_____

☐ FAX: _____

☐ Mail to the Following Address: _____

Signature: _____
(Must be original signature)

Once you have completed this form return it **with a copy of your Drivers License** to MCOLES by email at MSP-MCOLES-Licensing@michigan.gov, by fax to 517-636-7886 or by mail to:

Michigan Commission on Law Enforcement
Standards Licensing & Administrative Services Section
927 Centennial Way
Lansing, MI 48913