

Federal Law Enforcement Training Center
Student Registration Form

SSN:		U.S. CITIZEN (CHECK ONE): <input type="checkbox"/> YES <input type="checkbox"/> NO	
LAST NAME:		FIRST NAME:	MI:
CLASS:	START DATE:	END DATE:	
AGENCY:	ARRIVAL DATE:	DEPART DATE:	
DUTY CITY:		DUTY STATE:	
BIRTH DATE:		SEX (CHECK ONE): <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
DRIVER'S LICENSE NUMBER:		STATE:	EXPIRATION DATE:
HOME MAILING ADDRESS:			
CITY:		STATE:	ZIP CODE:

Emergency Contact

NAME:		HOME PHONE:	WORK PHONE:
ADDRESS:			
CITY:		STATE:	ZIP CODE:

Agency Home Office Information

POINT OF CONTACT:		PHONE NUMBER:
ADDRESS:		
CITY:	STATE:	ZIP CODE:

Arrival Transportation Mode (Check One)

- ☐ 1. AIRPLANE (SEE ARRIVAL CITY BELOW)
- ☐ 2. DROVE - PRIVATELY OWNED VEHICLE (POV)
- ☐ 3. DROVE A POV WITH A FLETC STUDENT
- ☐ 4. PASSENGER IN A POV
- ☐ 5. DROVE A GOVERNMENT OWNED VEHICLE (GOV)
- ☐ 6. PASSENGER IN A GOVERNMENT VEHICLE
- ☐ 7. AMTRAK AS A PASSENGER
- ☐ 8. BUS
- ☐ 9. OTHER: _____

Arrival City (Check One Only if by Air)

- ☐ 1. BRUNSWICK (GLYNCO JETPORT)
- ☐ 2. JACKSONVILLE
- ☐ 3. CHARLESTON
- ☐ 4. CHELTENHAM
- ☐ 5. ARTESIA
- ☐ 6. OTHER: _____

Privacy Act Statement

Authority

The authority to collect the information is derived from the Government Employees Training Act, 5 USC 4101-4118 as implemented by Executive Order 11348 of April 20, 1969 and Reorganizing Plan No. 26 of 1950 and the Treasury Department Order No. 140-01 (Federal Law Enforcement Training Center), and Memorandum of Understanding for the Sponsorship and Operation of the Consolidated Federal Law Enforcement Training Center.

Purpose and Uses

The information you supply will be used to assist the government in retrieving information documenting your training. If you furnish none of the information requested, your attendance in training will be immediately terminated. These records and information in the records may be used to: (1) disclose pertinent information to appropriate Federal, state, local or foreign agencies responsible for investigating or prosecuting the violations of, or for enforcing or implementing, a statute, rule, regulation, order, or license, where the disclosing agency becomes aware of an indication of a violation or potential violation of civil or criminal law or regulation; (2) disclose information to a Federal, State, or local agency, maintaining civil, criminal or other relevant enforcement information or other pertinent information, which has requested information relevant to or necessary to the requesting agency's or the bureau's hiring or retention of an individual, or issuance of a security clearance, license, contract, grant, or other benefit; (3) disclose information to a court, magistrate, or administrative tribunal in the course of presenting evidence. Other routine uses can be found in FLETC Privacy Act System of Records Notice FLETC .002 – FLETC Trainee Records.

Effects of Nondisclosure

If you furnish only part of the information required, an attempt will be made to maintain and process your records. If the information withheld is found to be essential to effectively maintaining and processing your records, you will be so informed, and your training will terminate unless you supply the missing information.

Disclosure of your Social Security Number (SSN)

Disclosure by you of your Social Security Number (SSN) is not mandatory. Solicitation of the SSN is authorized under the provisions of Executive Order 9397 dated November 23, 1943. The SSN will be used only as necessary in connection with retrieving your records. The use of the SSN is made necessary because of the large number of present and former students who attend or have attended Center Programs, and who potentially may have identical names and birth dates and whose identities can only be distinguished by the SSN.