



Volusia Sheriff's Office

TRAINING ACADEMY

OUTSIDE AGENCY TRAINING AUTHORIZATION FORM



STUDENT INFORMATION

Full LEGAL Name: _____

Last four of Social Security Number: _____

Rank/Position: _____

Contact Number: _____ Email Address: _____

Check One: Sworn Law Enforcement Corrections Civilian

COURSE INFORMATION

Course Title: _____

Course Start Date: ____/____/____ Course End Date: ____/____/____

Course Credit: Salary Incentive Mandatory Retraining

AGENCY INFORMATION

Agency Name: _____

Contact Name: _____

Contact EMAIL: _____ Phone: _____

Agency Mailing Address: _____

City: _____ State: _____ Zip: _____

Agency Authorized Representative Print Name: _____

Agency Authorized Representative Signature: _____

Date Signed: _____

Send VIA Email to
Bianca Rose at
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Daytona Beach, FL 32124
Phone: (386) 239 - 6522