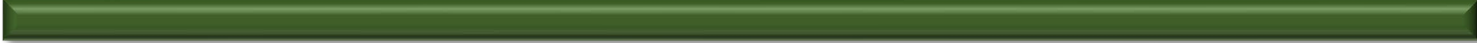




# Volusia Sheriff's Office

## TRAINING ACADEMY

### OUTSIDE AGENCY TRAINING AUTHORIZATION FORM



### STUDENT INFORMATION

Full 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  
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