

**CONTRA COSTA COUNTY OFFICE OF THE SHERIFF
LAW ENFORCEMENT TRAINING CENTER**



Basic Academy Registration Form

**Please complete registration form and submit to training staff via fax at (925) 839-5360 or via email at Academy@so.cccounty.us.
Reservations must be made at least four weeks prior to the orientation date for the course.**

Academy Class (i.e. 196 Basic Academy): _____

Course Start/End Dates: _____ Number of Reservations Requested _____

Agency Name: _____

Agency Contact Name: _____ Contact Phone Number: _____

Contact Email Address: _____

Recruit Information

1. Date of Birth _____ 2. Last Name: _____ First Name: _____

3. Address: _____ City: _____ State/Zip: _____

4. Home Phone: _____ Cell Phone: _____ Alternate Phone: _____

5. Email Address: _____

6. Social Security Number: (Optional) _____ Gender (Optional): _____

8. Race (Optional) (White, African American, Hispanic, Asian/Pacific Islander, Filipino, American Indian/Alaskan Native): _____

1. Date of Birth _____ 2. Last Name: _____ First Name: _____

3. Address: _____ City: _____ State/Zip: _____

4. Home Phone: _____ Cell Phone: _____ Alternate Phone: _____

5. Email Address: _____

6. Social Security Number: (Optional) _____ Gender (Optional): _____

8. Race (Optional) (White, African American, Hispanic, Asian/Pacific Islander, Filipino, American Indian/Alaskan Native): _____

1. Date of Birth _____ 2. Last Name: _____ First Name: _____

3. Address: _____ City: _____ State/Zip: _____

4. Home Phone: _____ Cell Phone: _____ Alternate Phone: _____

5. Email Address: _____

6. Social Security Number: (Optional) _____ Gender (Optional): _____

8. Race (Optional) (White, African American, Hispanic, Asian/Pacific Islander, Filipino, American Indian/Alaskan Native): _____

Recruit Information (Continued):

1. Date of Birth _____ 2. Last Name: _____ First Name: _____

3. Address: _____ City: _____ State/Zip: _____

4. Home Phone: _____ Cell Phone: _____ Alternate Phone: _____

5. Email Address: _____

6. Social Security Number: (Optional) _____ Gender (Optional): _____

8. Race (Optional) (White, African American, Hispanic, Asian/Pacific Islander, Filipino, American Indian/Alaskan Native): _____

1. Date of Birth _____ 2. Last Name: _____ First Name: _____

3. Address: _____ City: _____ State/Zip: _____

4. Home Phone: _____ Cell Phone: _____ Alternate Phone: _____

5. Email Address: _____

6. Social Security Number: (Optional) _____ Gender (Optional): _____

8. Race (Optional) (White, African American, Hispanic, Asian/Pacific Islander, Filipino, American Indian/Alaskan Native): _____

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