



Law Enforcement Academy Registration Form

Student Name: _____

Student Phone Number: _____

Student Email _____

Agency: _____

Agency Contact Person (If other than student): _____

Agency Address: _____

City: _____ State: _____ Zip Code: _____

Billing Contact Person: _____

Billing Phone Number: _____ FEI#: _____

Course Name(s): _____

Course Date(s): _____ Course Fee: _____

Payment Method: _____ PO Number _____ Invoice _____

Credit Card Number: _____ Exp. Date: _____ SVC: _____

Name as it appears on card: _____

Credit Card or Invoice Billing Address: _____

If you prefer to contact us for credit card payments or have billing questions, call 706-764-3591 or 706-272-2980.

Email completed form to [Academy Registration](#).

Law Enforcement Academy Room 314D
Georgia Northwestern Technical College
1151 Hwy 53 Spur SW
Calhoun GA 30701
706-378-1728