

Inspector General Criminal Investigator Academy (IGCIA)

FY12 - IGCIA - Training Registration Form

(Ver 2 - 11/11)

Program Name	<input type="text"/>	Class Number	<input type="text"/>
Class Start Date	<input type="text"/>	Class End Date	<input type="text"/>
Class Location	<input type="text"/>		

If above class is filled - should this student be placed on the standby list? Yes No

If yes, provide latest date for notification. Yes No

Date for Notification

If student is not enrolled - should they be considered for a later class date? Yes No

If yes, provide class start date. Yes No

Class Start Date

Agency

Student - (Last Name, First Name, MI)

E-mail

US Citizen SSN

Non-US Citizen (only required if non-US Citizen)

Gender Female Male

Passport Number

Date of Birth

CELL Phone

Duty Station City

State

Supervisor's Name

Phone Number

E-mail

Person Submitting

Phone Number

E-mail

Privacy Act Information:

Authority: Title 42, U.S.C. 4742; Title 5, U.S.C. 552; F.R.16586 (March 12, 1981).

Purpose: Obtaining information from individuals applying for enrollment to an IGCIA training program; used for student registration and program administration purposes.

Uses: Disclosure upon request to individual, the individual's parent agency, to any other individual or agency at the request of the applicant, to the student locator, mailroom, registration office, training and research officials, and other government officials on a need-to-know basis

Effect of Nondisclosure: Supplying the information is voluntary and is not required by law. Disclosure of your Social Security Number, which is solicited under authority of E.O. 9397, is voluntary and no right, benefit, or privilege by law will be denied as a refusal to disclose it. However, failure to provide all or any part of the information solicited may result in the applicant not being registered for the requested training program.

IMPORTANT
Receipt of the registration form does not guarantee acceptance into the class.
A confirmation e-mail will be sent upon enrollment.
If you have questions call: (912) 267-3008

RETURN FORM BY EMAIL TO:
RegistrarIGCIA@cigie.gov

Date/Time Field