UNIVERSITY OF NORTH ALABAMA POLICE DEPARTMENT

NOTICE OF TRAINING

FROM:	DATE:
(Print name of office	
TO: Training Office/Officers Training	File
TRAINING SESSION/CLASS TITLE:	
DATE(S) OF COURSE:	
Number of Hours:	
LOCATION OF TRAINING:	
COURSE SYNOPSIS (describe training,	or attach supplied description of course):
AFFIDAVIT	
I,(Print name of officer)	, do hereby affirm, or swear, that I have
successfully completed the above state	ed course of instruction, and wish that it be included in my
personnel file for credit for incentive f	unds or career development programs.
•	
Signature	