



Lake Technical College
INSTITUTE OF PUBLIC SAFETY
Part Time Registration

Social Security Number: _____ Date: _____

Legal Name: _____

Sex: _____ Date of Birth: _____ Place of Birth: _____
First Middle Last Maiden name / Alias

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Residential Address: _____
Street City State Zip

Mailing Address: _____
Street/P O Box City State Zip

E-mail address: _____

Are you currently employed? Yes No Occupation: _____

Employer's Name and Address: _____

Ethnicity: Hispanic Yes No

Race: (Check all that apply)

- Black or African American Native Hawaiian or other Pacific Islander
American Indian or Alaskan Native White (not Hispanic)
Asian

Submit to IPS: Payment and Registration Form.

Student Signature _____ Date _____

FOR OFFICE USE ONLY:

PAID BY GOVSOURCE

Table with 7 columns: Class Dates, Time, Course #, Class Title, Hrs, Loc., Instructor. Row 1: Law Enforcement/EOT, 64

Lake Technical College prohibits discrimination in admission to, or access to, or employment in its programs and activities on the basis of race, color, national origin, sex or sexual orientation, marital status, age, religion, disability, genetic information, gender identity or expression, or any other characteristic prohibited by law.

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