



SUBURBAN LAW ENFORCEMENT ACADEMY
College of DuPage



INFORMATIONAL CONTACT PERSON(S)

Recruit: _____

Agency: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Fax Number: _____

Chief/Sheriff: _____

***Name of office/administrative contact person
available on a daily basis to answer questions
and/or supply clerical information:***

Name: _____

***Name of primary contact person, person
responsible for recruits on-site:***

Name: _____ Title: _____

Phone Number: _____ E-mail address: _____

***Secondary office/administrative contact
person available on a daily basis to answer
questions and/or supply clerical information:***

Name: _____ Phone Number: _____

E-mail address: _____