FORM D (05/2018)

Illinois Law Enforcement Training and Standards Board
4500 South Sixth Street Road
Springfield, IL 62703-6177
Telephone: 217-782-4540

CLASS ROSTER SHEET

MTU #_____

Name of Training Facility:	School Location:	School Director:
Course Title:	Course Tuition:	Course Dates:
Resident ☐ Commuter ☐ Regional ☐	PT Training Month:	Class Date:
Total Course Hours:	Total Enrollment:	

Officer (Last Name, First Name)	PTB ID	DoB	Department	Date of Appt	Course Grade	Notebook	Hrs. Absent