FORM D (04/2023)

Illinois Law Enforcement Training and Standards Board
500 South Ninth Street
Springfield, IL 62701-1924
Telephone: 217-782-4540

CLASS ROSTER SHEET

MTU #_____

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

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