



Registration Form

112 HR State Jail Officers Certification



ATTENTION: Sgt. Jimmy Warden

CLASS START DATE: _____

STUDENT INFORMATION

Students Name: _____

Phone Number: _____

Social Security Number: _____

AGENCY INFORMATION

Place of Employment: _____

Supervisor Name: _____

Supervisor Phone Number: _____

BILLING INFORMATION

Point of Contact: _____

Phone Number: _____

Email: _____
street city zip

**COURSE TUITION \$500.00 PLEASE MAKE PAYABLE TO
****HARRISON COUNTY SHERIFF'S OFFICE******

check money order purchase order no: _____

credit card _____ Expiration Date: _____

SIGNATURE: _____

Please send registration form to:
jimmy.warden@harrisoncountysheriff.com ♦ PH 228-241-2222 ♦ FAX 228-241-2214