

State of New York Division of Criminal Justice Services
REQUEST FOR TRAINING INFORMATION FORM

THIS FORM IS USED TO REQUEST TRAINING RECORDS INFORMATION FROM THE NEW YORK STATE DIVISION OF CRIMINAL JUSTICE SERVICES, OFFICE OF PUBLIC SAFETY (DCJS). ALL RECORDS WILL REFLECT TRAINING REPORTED TO DCJS AS OF THE DATE OF REQUEST. FORMS PRESENTED FOR FILING MUST CONTAIN ORIGINAL SIGNATURES. ALTHOUGH THE BLANK FORM MAY BE DUPLICATED, PHOTOCOPIES OF COMPLETED FORMS, OR FORMS WITH PHOTOCOPIED SIGNATURES WILL NOT BE ACCEPTED.

SECTION I - RECORDS REQUESTED

<input type="checkbox"/> Official Copy of Security Guard Program Training Records (Complete Section II Only)
<input type="checkbox"/> Official Copy of Training Records (Complete Sections II & III)
<input type="checkbox"/> Determination of the validity of my Basic Course for Police Officer / Peace Officer Certificate (Complete Sections II & III)

SECTION II - APPLICANT INFORMATION (To be completed by the applicant)

Last Name	First Name	MI	Date of Birth	Social Security Number*
Mailing Address	City, State, Zip		Daytime Telephone #	
Email address				
Location of Basic Training			Date(s)	
Have you had an interruption in continuous police or peace officer service or a reassignment while employed as a police or peace officer since receiving your Basic Course For Police/Peace Officer certificate?			<input type="checkbox"/> Yes (describe below) <input type="checkbox"/> No	
Signature			Date	

*Pursuant to the New York State Personal Privacy Protection Law, DCJS is authorized to collect personal identifying information as part of a public safety agency record. Personal identifying information on this form shall not be revealed, released, transferred, disseminated or otherwise communicated orally, in writing, or by electronic means other than to the registrant. Disclosure of personal identifying information is voluntary. Refusal to provide personal identifying information shall not result in the denial of any right, benefit, or privilege.

SECTION III - LAW ENFORCEMENT TRAINING (For law enforcement records only)

Name of Law Enforcement Agency Employed by During Training	Telephone
Address	City, State, ZIP
Name of Training Academy	Dates of Basic Police Training to
Have You Had An Interruption In Continuous Service Since Receiving Your Certificate? If so, please describe in Section III.	<input type="checkbox"/> Yes <input type="checkbox"/> No

If you require additional space, attach an additional sheet and follow the same format.

Comments

Mailing Instructions

Mail completed forms to:
 NYS Division of Criminal Justice Services
 Office of Public Safety – Records Unit
 4 Tower Place, 4th Floor
 Albany, NY 12203

DCJS USE ONLY

Date Received:	Assigned To:	Reply Mailed:
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