



PELC GRADUATES UPDATE FORM

Please Help Us Keep Our Records Current by:
Faxing this form back to Monica Miller at 614-761-9509
or email monica.miller@oacp.org

Current Rank: _____ **First Name:** _____ **Last Name:** _____

Department: _____

Address: _____

City/Zip: _____

Work Phone: _____ **Email:** _____

Our research indicates that most new students attend PELC because of the recommendation of a PELC graduate. We would appreciate your help in identifying other law enforcement supervisors in your agency, or other agencies, that you think either are, or might be, interested in attending PELC.

1. Rank & Name #1: _____

Department: _____

Address: _____

City/Zip: _____

Phone: _____ **Fax:** _____

Email: _____

2. Rank & Name #2: _____

Department: _____

Address: _____

City/Zip: _____

Phone: _____ **Fax:** _____

Email: _____