



**Advanced Law Enforcement Rapid Response Training
(ALERT)
Texas State University
Civilian Response to Active Shooter Events Registration**



Class Type

Class Start Date (mm/dd/yyyy) / /

Course Location:

City:

State:

Zip Code:

Student Information
Please print characters in **CAPITAL LETTERS** only. Your name will appear on your certificate as it appears below.

Example: Yes

T	O	M
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Last Name:

Middle Initial:

First Name:

Your certificate will be emailed to this email address:

E-mail Address:

Example:

J	O	H	N	D	O	E	@	A	O	L	.	C	O	M
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 Use **CAPITAL LETTERS** and one character per block.

Employer Information

Employer Name:

Employer Address:

Work City:

State:

Zip Code:

Employment Type (Bubble in the ONE item best describing your type of employment)

Local/Municipal Govt County Govt State Govt Federal Govt University K-12 School District Private Other

