

**WEST REGION POLICE ACADEMY**  
**ENROLLMENT FORM**

**CADET INFORMATION:**

Class #: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_

Work Address: \_\_\_\_\_

\_\_\_\_\_

Owning Installation: \_\_\_\_\_

Agency Head: \_\_\_\_\_

Agency Head Phone Number: \_\_\_\_\_

Security Clearance (ex., Secret, Confidential, etc.): \_\_\_\_\_

SSN: \_\_\_\_\_

Pay Grade: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Job Title: \_\_\_\_\_

Email Address: \_\_\_\_\_

**FAX THE COMPLETED ENROLLMENT FORM TO (210) 295-2249**  
**OR E-MAIL TO WSMR\_IMCOMWEST@US.ARMY.MIL**