University of Texas System Police

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| --- | --- | --- |
| **Last Name:**  | **First Name:**  | **Rank:**  |
|  |  |  |
| **Work Contact Phone**: ( ) - | **Email**:  |
| **TCOLE Instructor Certified:**  | [ ] Yes [ ]  No **Date received**: MM/YYYY |
| **Certifications:**  |
|   |
| **Education:**  |
| **School:**   | **Degree:**  | **Date:** MM/YYYY |
| **School:**  | **Degree:**  | **Date:**  MM/YYYY |
| **School:**  | **Degree:**  | **Date:**  MM/YYYY |
| **Instructor experience, published work, consulting, etc:** |
|  |
| **Date bio completed:** | MM/YYYY |
| **Signature of Training Coordinator:** |  |
| **Date Training Coordinator approved instructor’s bio:**  | MM/YYYY |

Instructor Bio