

# EXAMINATION INFORMATION FORM

\_\_\_\_\_  
(Date)

Southern Police Institute  
Department of Justice Administration  
College of Arts and Sciences  
University of Louisville  
Louisville, KY 40292

Agreement has been made with

\_\_\_\_\_  
(Name and Title)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City, State and Zip Code)

who will act as examining officer for the purpose of administering the entrance examination for the Southern Police Institute.

\_\_\_\_\_  
(Name of Applicant #1)

\_\_\_\_\_  
(Social Security Number)

\_\_\_\_\_  
(Name of Applicant #2)

\_\_\_\_\_  
(Social Security Number)

\_\_\_\_\_  
(Name of Applicant #3)

\_\_\_\_\_  
(Social Security Number)

\_\_\_\_\_  
(Name of Applicant #4)

\_\_\_\_\_  
(Social Security Number)

\_\_\_\_\_  
(Name of Applicant #5)

\_\_\_\_\_  
(Social Security Number)

\_\_\_\_\_  
(Department)

\_\_\_\_\_  
(Billing Address to bill the cost of the examination)

\_\_\_\_\_  
(City, State, Zip Code)

\_\_\_\_\_  
(Telephone Number)