



NORTHERN VIRGINIA CRIMINAL JUSTICE TRAINING ACADEMY

45299 Research Place • Ashburn, Virginia 20147-2600
703 729-4299 • Fax 703 729-4634

TRAINING RECORDS REQUEST

Please accept this signed form as a formal request that the Northern Virginia Criminal Justice Training Academy forward the requested training documents from NVCJTA to the person or agency listed below:

Date of Request: _____

Name:(at time of graduation) _____

Your Email: _____

Home Address: _____

Phone: _____ Work Phone: _____

Dates attended: _____ Session Number: _____

Requested Documents:

Basic Combined Deputy & LE Curriculum ☐ Basic Law Enforcement Curriculum ☐

Basic Jailor/Civil Process and Court Security (Deputy) Curriculum ☐

Professional Development Records ☐ Certification of Graduation ☐
(Certifies you graduated, but **not** a duplicate of original graduation certificate)

Please send requested documents to:

Email address _____ and/or

School / Agency or Individuals Name _____

Address _____

City _____

State _____ Zip _____

(Graduate's Signature)

email completed form to: **RecordsRequest@NVCJA.org**