

School Authority Registration Form

** All fields on this form are required.*

First Name: _____

Last Name: _____

School: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number (with area code): (_____) _____

Email: _____

Preferred User ID: _____

Signature of Requestor: _____

I approve the above Requestor as authorized to submit school grades on the PSP Lethal Weapons Internet site for the above named School.

Authorizing Signature: _____

Authorizing Name: _____

Please submit this request to:

Pennsylvania State Police
Lethal Weapons Training Division
8002 Bretz Drive
Harrisburg, PA 17112-9748