



Commonwealth of Virginia
 Virginia Department of Criminal Justice Services
Campus Security Officer (CSO) Basic Training Roster

College Name: _____

Class Location: _____

Dates and Times of Class: _____

Instructor: _____ Locality: _____

					TEST SCORES			
	STUDENT NAME [Instructor - Type In Last Name First]	STUDENT SIGN-IN	STATE & DRIVER'S LICENSE NO.	EMAIL ADDRESS (Print Neatly)	Mod I	Mod II	Mod III	Mod IV
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