



Wyoming Law Enforcement Academy

1556 Riverbend Drive, Douglas, Wyoming 82633
Phone (307) 358-3617 Fax (307) 358-9603
www.WLEAcademy.com



CORONER BASIC APPLICATION

_____ SCHOOL DATES

Dear Sir:

I do hereby nominate for your consideration to attend a session of the Academy:

Name: _____
Last First Middle I.

SSN: _____

County Coroner: ___ **Deputy Coroner:** ___

Male: ___ **Female:** ___

Coroner's Office & Address: _____

_____ City

_____ State

_____ Zip Code

I request that you accept this nominee as the official representative of the County Coroner's Office headed by me. I do hereby agree that this representative will abide by all such rules and regulations pertaining to classroom and dormitory conduct and any serious breach of same may result in the dismissal of the violator. I further agree that the Wyoming Law Enforcement Academy, either individually or collectively, shall in no way be responsible for any accidents while this representative is enroute to, attending any session of, or returning to his/her department.

Very truly yours,

Signature of County Coroner

Date