



Date Received: \_\_\_\_\_

International Association of Campus Law Enforcement Administrators

# ACCREDITATION APPLICATION

Department Name \_\_\_\_\_

Department Address \_\_\_\_\_

\_\_\_\_\_ Zip \_\_\_\_\_

Department Chief Executive \_\_\_\_\_ Title \_\_\_\_\_

Tel. No. \_\_\_\_\_ Fax No. \_\_\_\_\_

E-mail \_\_\_\_\_ No. of FTEs\* \_\_\_\_\_

Our department is:

- IACLEA Member
- Not an IACLEA Member

For the Department:

Authorized Institutional Representative:

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Title)

\_\_\_\_\_  
(Title)

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

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

Please return the completed application, along with the \$350.00 application fee, to IACLEA, 342 North Main Street, West Hartford, CT 06117-2507

*\*FTE – Full-Time Equivalent enrollment, as calculated in the most recent listing of the U.S. Department of Education's Integrated Postsecondary Education Data System (IPEDS).*