

ILLINOIS FIRE SERVICE INSTITUTE

UNIVERSITY OF ILLINOIS AT URBANA-CHAMPAIGN

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PIN AUTHORIZATION FORM

Chief:

The Illinois Fire Service Institute (IFSI) allows students to register on-line for classes. We want to ensure that the on-line registration system provides the same level of security and integrity that the paper system provides. It is important to us that you have the opportunity to approve all registrations, regardless of which system is used to register students for IFSI courses. In order to accomplish this on-line, we will need to establish a PIN for you.

This PIN number will work the same as your signature and will authorize IFSI to bill your department if that item is checked. It also authorizes the employee to attend a class delivered by IFSI and to be covered by your department's workman's compensation policy. In other words, this PIN number will be the same as your signature on the authorization line of the paper registration form.

The registration process will:

- Require a signature of authorization from the Chief and his named designee of the department, if a designee is assigned.
- The Chief of each department who chooses to join the on-line registration process, will receive a PIN number. There will be a box for entry of your PIN number on each online registration in the final validation and confirmation section.
- If you choose to participate in this procedure please complete the form below. We will then assign you a PIN number. We can send this to you via mail or email. Please indicate on the card in which manner you wish to receive your number.

It is not mandatory that you participate with the online registration procedure, however; it will allow registrations to be received more quickly than mailing.

PIN AUTHORIZATION FORM

By signing below, I am requesting Illinois Fire Service Institute to issue a PIN for on-line registration authorization.

This PIN will be the same as my signature on a paper registration form. This PIN will provide the following:

- Confirms the student is an active member of our Department and is covered by our Workman's Compensation Insurance policy.
- I have reviewed the registration and agree to the billing terms if "Department Bill" has been marked.

Please send my assigned PIN by (check one): Mail: <input type="checkbox"/> Email: <input type="checkbox"/>	
_____	_____
	<i>email address</i> <i>date</i>
_____ Printed name of Chief	_____ Signature of Chief
_____ Printed Name of Designee (if applicable)	_____ Signature of Designee (if applicable)
_____ Department Name	
_____ Department State ID#	_____ FEIN
_____ Department Address	_____ City, State, Zip
_____ Department/Contact Phone Number(s)	
Type of Department (check one): Paid <input type="checkbox"/> Paid On-Call <input type="checkbox"/> Volunteer <input type="checkbox"/> Part-Time <input type="checkbox"/>	

