

Northeast Regional Forensic Institute
Class Registration Form

NAME: _____

NAME OF CLASS:

AGENCY: _____

AGENCY
ADDRESS: _____

PHONE NUMBER: _____ FAX NUMBER: _____

EMAIL ADDRESS: _____

YOUR SHORT
BIOGRAPHY: _____

SPECIAL REQUESTS FOR THIS
COURSE: _____

SPECIAL REQUESTS FOR OTHER ADDITIONAL COURSES BY
NERFI: _____

OPTIONAL: NERFI learning credits will be granted for successful completion of assigned readings, class participation and a final quiz. Do you wish to participate in the NERFI Forensic Learning Credits: YES _____ NO _____

Please make checks payable to the Northeast Regional Forensic Institute and mail to
Northeast Regional Forensic Institute
University at Albany
Biology 225
1400 Washington Avenue
Albany, New York 12222