



Student Information Sheet

Please provide the information on the form below. This will be used to fill in and complete your training Certificate of Completion. This information will not be disclosed to anyone, except the Texas Department of Public Safety as part of your application package.

Return your completed form no later than three days before your class date.

email the completed form to: Murphy@ArmedWithGrace.com

or

fax it to **(888) 554-4867**

or

mail it to:

Armed With Grace Incorporated
2627 Adams Circle
San Antonio, Texas 78232

_____	_____	_____
LAST NAME	FIRST NAME	MIDDLE INITIAL
_____	_____	_____
DRIVER LICENSE NUMBER	ISSUED BY (STATE)	DATE OF BIRTH

EMAIL ADDRESS		
_____	_____	_____
HOME PHONE NUMBER	CELL PHONE PHONE NUMBER	WORK PHONE NUMBER
	<input type="checkbox"/>	<input type="checkbox"/>
I WILL QUALIFY WITH A (CHECK ONE):	SEMI-AUTOMATIC /	REVOLVER
	<input type="checkbox"/>	<input type="checkbox"/>
I AM A (CHECK ONE) SHOOTER:	BRAND NEW	CAPABLE
	<input type="checkbox"/>	<input type="checkbox"/>
		VERY EXPERIENCED
		<input type="checkbox"/>
CLASS DATE: _____		

telephone: 888/554-4867 ■ email: murphy@armedwithgrace.com

www.armedwithgrace.com