

AGENCY LETTERHEAD

DATE

MEMORANDUM FOR

Branch Chief  
Financial Fraud and Investigative Analysis Branch  
Investigative Operations Division  
Federal Law Enforcement Training Centers

THRU

Special Agent in Charge  
XXX Fraud Field Office  
XXX, XXXX, XX

FOR

Director  
XXXXXXXXXXXXXXXXXX

SUBJECT: Request Enrollment in Fraud Investigator Certificate Capstone Level X

REFERENCE: XXXXX Policy XX-16, Fraud Investigation Certificate  
FLETC Directive 500-23 Fraud Investigator Certificate

1. On (DATE), (TITLE), Employee Name, (AGENCY), has completed all the requirements of Level X of the Fraud Investigator Certificate. Attached are all relevant transcripts documenting completion of specified courses.
2. Request (TITLE), Employee Name be approved for enrollment in Fraud Investigator Certificate Capstone Level X.
3. Point of contact for this request is XXXXXXXX.

NAME  
Resident Agent in Charge