



Kennesaw Police Department

“Duty, Honor, Community”

William Westenberger
Chief of Police

Barbara Tolbert
Deputy Chief of Police

Citizens Police Academy Application

You must complete this form completely (to include a witness signature) before enrollment consideration can be given.

Work Phone: _____ Home Phone: _____

CONSENT AND AUTHORIZATION FOR RELEASE OF INFORMATION

I, hereby, authorize and request that you release to an authorized representative of the Kennesaw Police Department all information concerning my driver’s license history and criminal history record information pertaining to me which may be in the files of any national, state or local criminal justice agency.

It is my understanding that this information will be used by the Kennesaw Police Department only for official purposes, and will be kept confidential.

I relieve the City of Kennesaw and the Police Department of any and all liabilities.

Full Name (Print)

Street Address

City

State

Zip Code

Race

Sex

Date of Birth

Social Security Number

Drivers License Number

State

Signature

Date

Witness Signature

Date

***This is **NOT** an actual Police Academy. It is intended to educate individuals on how Police Officers are trained and what they encounter on a daily basis.

Please send completed applications to Officer Luther at:
2539 J.O. Stephenson Ave., Kennesaw, Ga. 30144



2539 J. O. Stephenson Avenue, Kennesaw, Georgia 30144
770-422-2505 * Fax 770-429-4537

