



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	Driver's License Number	State
Shirt Size (Polo)		
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.

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

