



## 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.



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