



Gwinnett County Police Department



CITIZENS POLICE ACADEMY

Application for admittance

Name Last First MI Preferred Name:

Date of Birth* Race* Sex* Social Security #*

Address Street (incl Apt #) City State ZIP

Driver's License Number GA State Occupation

Employer Name Address City State ZIP

Home Phone Business Phone

Previous Address Street (incl Apt #) City State ZIP

List any other states you have lived or worked in

How long have you lived in Gwinnett?

How did you hear about the academy?

Have you ever been arrested for any offense other than minor traffic offenses?

If yes, what for When Where

Are you committed to attending all the sessions?

I hereby certify that the information contained in this application is true and complete to the best of my knowledge. The Gwinnett County Police Department is authorized to make any investigation of my personal history deemed necessary for consideration to attend the Citizens Police Academy.

Signature Date

*This information is required for verification of data provided. It is not used for any other purposes.

CITIZENS POLICE ACADEMY

Gwinnett County Police Department
Training Division
854 Winder Hwy
Lawrenceville, GA 30045-5016

AUTHORIZATION FOR RELEASE OF INFORMATION / CONSENT FORM

I hereby authorize the Gwinnett County Police Department to obtain and/or receive any criminal history record and/or driving history record information pertaining to me, which may be in the files of any state or local criminal justice agency in Georgia, any other State, or any other country.

The intent of this authorization is to give my consent for full and complete disclosure of the following records and request that the custodian of such records/information permit my records to be examined, copied or otherwise reviewed:

Criminal History Record
Driver History Record

A photocopy of this release form will be valid as an original hereof even though the said photocopy does not contain an original writing of my signature. This release is executed with full knowledge and understanding that the information is for the official use of the Gwinnett County Police Department in determining my suitability to attend the Citizens Police Academy.

I hereby waive and release any claims against any party, which I may have as a result of the release of any records or information referenced in this authorization. I acknowledge that no party shall have any liability to me as a result of complying with a request for such information and/or records.

I am furnishing my Social Security Number on a voluntary basis with the understanding such is not required by federal statute or regulation. I have been advised that this number will be utilized only to facilitate the location of the above information/records concerning me in connection with this application. Should there be any questions as to the validity of this release you may contact me as indicated below.

Print Full Name _____ Signature _____

Drivers License Number _____ State GA

Complete Home Address _____

Home Phone Number _____ Work Phone Number _____

Race _____ Sex _____ Social Security # _____

Date of Birth _____ Today's Date _____
Month Day Year

FOR OFFICIAL USE ONLY

Information verified by _____ Date _____

** Fax completed application to Cpl. C. Hughes at 770-339-2611 or mail to above address. **