



UNIVERSITY OF WASHINGTON POLICE DEPARTMENT
CITIZENS ACADEMY APPLICATION UW-P #509

Applicant Name:

 Last First MI

Address:

 City State Zip

Neighborhood:

Phone:

 Home Work

Date of Birth:

 Month Day Year

Sex:

Drivers License #:

Emergency Contact:

 Name Phone #

How did you hear about our Citizens Academy?

PERMISSION TO CONDUCT A RECORDS CHECK

As an applicant for the University of Washington Police Department Citizens' Academy, I hereby authorize the UW Police Department to conduct a criminal history records check, including convictions, pending charges and outstanding warrants. I understand that this criminal history check is being conducted due to the nature of the classes given at the Citizens Academy.

I understand that all available criminal records will be checked and that the information will be used in determining eligibility of applicants for the Citizens Academy. All information is to remain confidential as required by Washington and federal statutes.

 Signature of Applicant

 Date

Fax application to 206.685.8042, Attn: Crime Prevention Unit, OR
Mail to Campus Box 355200, Attn: Crime Prevention Unit