

"KENTON REGIONAL CITIZENS POLICE ACADEMY"



Registration:

Name _____

Address _____

Phone Number (home) _____

(work) _____

Date of Birth ____/____/____

Drivers License Number _____ State _____

Occupation _____

I, _____ understand a back ground check, criminal history check and a driver license check must be conducted on me and all qualifications must be met to participate in the "Kenton Regional Citizens Police Academy". I authorize the following police agency or it's representative's to conduct the proper inquires and do not hold them responsible for the loss or being denied of participating in the program/academy which arise out of the back ground checks. I understand the information obtained will be given to the "Kenton Regional Citizens Police Academy" representatives and they will give final approval of participating in the "Kenton Regional Citizens Academy".

Signature _____ Date _____

Witness _____ Agency _____

Officer _____

Date of Drivers License Check _____ Officers Initials _____

Date of Criminal History Check _____ Officers Initials _____

Date of Back Ground Check _____ Officers Initials _____

Approved By _____

