

**Decatur Police Department
Citizen Police Academy**

Consent for Criminal Record Search

Full Name of Applicant: _____

Birthdate: _____ Birth Place: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (____) ____-____ Cell Phone: (____) ____-____

Social Security Number: ____-____-____

As a requirement for admittance to the Decatur Police Department Citizen Police Academy, I hereby authorize the Decatur Police Department to make inquiry as needed to determine if I have a Criminal Record.

It is my understanding that the discovery of a criminal record may not necessarily preclude me from the function for which I have applied and that the final decision for my participation is with the Chief of Police.

Date

Applicant Signature