

## Application for Citizen Police Academy

Name \_\_\_\_\_

Address \_\_\_\_\_

DOB \_\_\_\_\_ Phone Number \_\_\_\_\_

Do you have any prior criminal convictions?       YES       NO

Are you involved in any pending criminal cases?       YES       NO

### Authorization to Release Information

I hereby authorize the Amsterdam Police Department to make any investigations of my prior history. This information will assist them in their assessment of my qualifications.

I hereby waive any right I may have to review the information collected through the authorization.

I have carefully read and reviewed all the provisions above and have voluntarily agreed to sign this authorization.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Completed forms may be sent to the Amsterdam Police Department via:

FAX                      (518) 843-4987

MAIL                      Amsterdam Police Department  
                                 Attn: Sergeant Fuhs  
                                 1 Guy Park Ave Ext.  
                                 Amsterdam, NY 12010

Any questions regarding the Citizen Police Academy, please contact Sgt. Fuhs 842-1100.