

**KILLEEN POLICE DEPARTMENT
CITIZEN'S POLICE ACADEMY**

Name _____

Address _____

Home Phone # _____ **Work Phone #** _____

Driver's license # _____ **State** _____

Social Security # _____ **Occupation** _____

Date of Birth _____ **Place of Birth** _____

E-mail address (optional) _____

-----**WAIVER**-----

I authorize the Killeen Police Department to conduct an investigation, based on the information provided above, into my background. This investigation will be to determine what criminal history, if any, exists and all information gathered will be kept confidential. The purpose of this investigation is to determine suitability for membership in the next class of the Citizen's Police Academy, sponsored by the Killeen Police Department.

Signature **Date**

Accepted _____
Signature of coordinator