

Mail or email to:
Lt. J. Parker
P.O. Box 2200
Lawrenceville, GA 30046
jparker@lawrencevillepd.com

LAWRENCEVILLE POLICE



CITIZENS POLICE ACADEMY

Application for Admittance

Name _____
Last First MI

Preferred Name for Name Tag _____

Date of Birth * _____ Social Security # * _____
Month/Date/Year 9 digits

Address _____
Street (include apt. #) City State Zip

Do you possess a valid Driver's License? Yes / No Drivers License # _____
Circle one 9 digits
State of Issue _____

Employer _____
Name Address City State Zip

Occupation _____

Email Address _____

Home Phone _____ Cell Phone _____ Business Phone _____

List any other states you have lived or worked in _____

How long have you lived in Gwinnett County? _____

How did you hear about the academy? _____

Have you ever been charged with a crime? Yes / No If yes, what was the reason? _____
Circle one
Date of arrest (s) _____ State (s) _____

Are you committed to attending all the sessions? _____

I hereby certify the information contained in this application is true and complete to the best of my knowledge.
The Lawrenceville Police Department is authorized to make any investigation of my personal and criminal history
deemed necessary for consideration to attend the Citizens Police Academy.

Signature of Applicant _____ Date _____

* This information is required for verification of data provided and is not used for any other purpose.

CITIZENS POLICE ACADEMY

City of Lawrenceville Police Department
Training Division
300 Jackson Street
Lawrenceville, GA 30046

AUTHORIZATION FOR RELEASE OF INFORMATION / CONSENT FORM

I hereby authorize the Lawrenceville Police Department to obtain and/or receive any criminal history record and/or driving history record information pertaining to me, which may be in the files of any state or local criminal justice agency in Georgia, any other State or any other country.

The intent of this authorization is to give my consent for full and complete disclosure of the following records and request that the custodian of such records/information permit my records to be examined, copied or otherwise reviewed:

Criminal History Record

A photocopy of this release form will be valid as an original hereof even though the said photocopy does not contain an original writing of my signature. This release is executed with full knowledge and understanding that the information is for the official use of the Lawrenceville Police Department in determining my suitability to attend the Citizens Police Academy.

I hereby waive and release any claims against any party, which I may have as a result of the release of any records or information referenced in this authorization. I acknowledge that no party shall have any liability to me as a result of complying with a request for such information and/or records.

I am furnishing my Social Security number on a voluntary basis with the understanding such is not required by federal statute or regulation. I have been advised that this number will be utilized only to facilitate the location of the above information/records concerning me in connection with this application. Should there be any questions as to the validity of this release, you may contact me as indicated below.

Print Full Name _____ Signature _____

Drivers License Number _____ State _____

Email Address _____

Complete Home Address _____

Home Number _____ Work Number _____ Cell Number _____

Sex _____ Social Security Number _____

Date of Birth _____ Today's Date _____

Month Day Year

FOR OFFICIAL USE ONLY

Information verified by _____ Date _____