

I hereby authorize the Lochbuie Police Department to conduct an investigation of my application for the purpose of determining my eligibility to participate in the Citizens Police Academy.

Signature: _____

Date: _____

Mail drop off this Lochbuie Police Department
Form in person to: Officer S. Dunnam- CPA Coordinator
 703 WCR 37 Lochbuie CO, 80603
Or scan and Email to: sdunnam@lochbuie.org

Privacy Act Notice: The Police Department's application form for the Citizen Police Academy requests your social security number. Disclosing your social security number on these forms is voluntary. The request is made pursuant to the Police Department's practice of requiring program participants to undergo a criminal history record check and using their social security numbers along with other identifying information to conduct criminal history record checks on them. This information is necessary for the Police Department to obtain accurate criminal history record information and will be used only for that purpose. Signing this form indicates that you have read and understand that your social security number will be used by the Police Department to obtain access to your criminal history record information