



NOTE: This form must be notarized

The following named individual has made application with this college for Police Training & Education Skills.

Last Name: (please print) _____

First Name: (please print) _____

Middle: (full/please print) _____

Maiden, Alias, or Former: (please print) _____

Date of Birth: _____
Month/Day/Year

Sex: ____ Male ____ Female

Social Security Number: (Optional) _____

I authorize the Minnesota Bureau of Criminal Apprehension to disclose all criminal history record information to Alexandria Technical & Community College, Police Training & Education Department, for the purpose of Police Training & Education Skills training with this college.

The expiration of this authorization shall be for a period no longer than one year from the date of my signature.

Signature of Applicant
(do not sign until in presence of Notary)

Date

Notary:

Signature of Notary

