



Clint Reck
Chief of Police

Muscle Shoals Police Department

"Dedicated to Excellence"

Citizens Academy Application

You must complete this form completely (to include a witness signature) before enrollment consideration can be given.

Work Phone: _____ Home Phone: _____

CONSENT AND AUTHORIZATION FOR RELEASE OF INFORMATION

I, hereby, authorize and request that you release to an authorized representative of the Muscle Shoals Police Department all information concerning my driver's license history and criminal history record information pertaining to me which may be in the files of any national, state or local criminal justice agency.

It is my understanding that this information will be used by the Muscle Shoals Police Department only for official purposes, and will be kept confidential.

I relieve the City of Muscle Shoals and the Police Department of any and all liabilities.

Full Name (Print)

Street Address

City

State

Zip Code

Race

Sex

Date of Birth

Social Security Number

Drivers License Number

State

Signature

Date

T-Shirt
Size

Witness Signature

Date

***This is **NOT** an actual Police Academy. It is intended to educate individuals on how Police Officers are trained and what they encounter on a daily basis.

Please return completed application to:
Muscle Shoals Police Department Attn: Brandon Brown
Post Office 2624 Muscle Shoals, AL 35662

or

turn in at the Muscle Shoals Police Department between the business hours of
8am-4pm.

Application Dead Line 3/9/2017 at 4pm

1000 Avalon Avenue Muscle Shoals, AL 35661 (256) 383-6746 FAX (256) 383-2860