

City of Hurricane

POLICE DEPARTMENT

Community Services Division

CITIZENS ACADEMY APPLICATION

Name: First: _____ Middle: _____ Last: _____ Date of Birth: ____/____/____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

E-mail address: _____

Driver License Number: _____ SSAN: _____

Employer(s): _____

Have you ever been arrested or convicted of any offense other than a minor traffic violation? NO _____

If YES (Explain): _____

(Use the back side of this form if necessary for additional explanation).

Please state why you wish to be a participant in the Hurricane City Police Department's Citizens Academy.

I do hereby attest to the fact that all of the information I have provided on this application to the Hurricane City Citizens Academy is true and correct to the best of my knowledge. I authorized the Hurricane City Police Department to verify any and all information provide herein through, but not limited to, the Bureau of Criminal Identification, (BCI), the Department of Motor Vehicles, (DMV), and accredited credit reporting agencies.

Applicant Signature: _____

Date Signed: _____

For Police Department use ONLY

Date Application Received: _____

Received By: _____

Date Background Check Completed: _____

Completed By: _____

Academy Session Date: _____

Notified By: _____

Date Confirmation Letter Sent: _____

Letter Sent By: _____

Right of Access Provider Waiver

Hurricane City Police
90 S 700 W, Hurricane, UT 84737

Request to Obtain a Copy of My Utah Criminal History Record

I, the undersigned, am requesting a copy of my Utah Criminal History Record. I understand this record is protected by law (Utah Code Ann. §53-10-108) and may only be released to me by this agency if I appear in person with valid photo identification. This agency is not authorized to retain a copy of this record without my expressed permission.

Please Print Clearly:

NAME: _____ (Last) (First) (Middle)			Date of Birth: ____ / ____ / ____ (Month) (Day) (Year)		
Previously Used Name(s) (Maiden, Alias, etc): _____					
Physical Address: _____ (Street) (City) (State) (ZIP)					
Social Security #: _____		Driver License Number: _____ State: _____			

Initials	Please Initial the Box which MOST applies:
	I wish to obtain a copy of my Utah Criminal History Record to take with me today. This agency may NOT retain a copy for any purpose.
	I authorize a release of my Utah Criminal History record, or any part thereof, by and to any duly authorized agent of this agency to accompany my employment, volunteer, licensing, permit application, or other expressed purpose approved by me today. Any information discovered may be used to consider my suitability for the purpose of my application.

I understand these results are not verified by fingerprints and are only valid on the date printed on this record. If I wish to challenge the completeness or accuracy of this record, I must submit a completed *Application to Challenge Criminal History Records* with fingerprints directly to the Bureau of Criminal Identification (BCI) where I may be subject to additional fees (R722-900-6).

I understand this waiver may be kept on file at this agency for a period of at least three years and is subject to review by BCI auditors, whether or not I choose to release my record to this agency today. I agree to indemnify and hold harmless BCI, this agency, elected officials, officers, employees, agents, and volunteers associated with this application process from and against all claims, damages, losses and expenses, including reasonable attorney's fees arising out of or by reason of complying with this request.

A photocopy or electronic copy of this waiver is a valid representation of my original signature and is considered legal and binding just as the original writing of my signature.

Applicant Signature: _____ Date: _____

For Office Use ONLY:

Identification Verified: _____ Criminal History Completed By: _____ Date: _____
(Initials) (Signature)