

## 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:MaleFemale
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:



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