



TACOMA POLICE DEPARTMENT

Citizens Academy Application

Date: _____

Applicant Information (please print clearly):

Name: _____

Address: _____

City/State/Zip: _____

Home Phone: _____ Cell Phone: _____

Organization Affiliation _____

Email Address: _____

(An email address is required as most correspondence, and notifications will be made by email)

Information Required For Background Check:

Birthdate: _____ Gender: _____ Social Security #: _____

Driver's License # _____ State Issued: _____

I, _____, understand and acknowledge that a Criminal History Background
(Printed name of applicant)

Check will be conducted by the Tacoma Police Department, and I authorize and approve of said background check.

Signature of Applicant

Please list any special needs or assistance requirements: _____

Mail Completed Application To: Tacoma Police Department
Attn. Citizen's Academy
3701 S. Pine St
Tacoma, WA 98409

Or Email to TPD-CitizensAcademy@cityoftacoma.org

For Office Use Only

Background: Accepted / Rejected Initials: _____ Date: _____

Accepted for Citizens Academy # _____ Start Date: _____