

City:	State:	Zip:
Home Phone #: Alt. Phone #:		
Email Address:		
Height: Weight:	Hair Color:	Eye Color:
Current drivers license number	and state?	
Major Field of Study:		
Classification:	Grade Point Ave	erage:
	***************************************	***************************************
Parent/Guardian/Emergency Co	ontact:	
Address:		
City:	State:	Zip:
Home Phone #:	me Phone #: Alt. Phone #:	
Have you had any tickets for m	noving violations?	If yes, how many?
Approximate date of last ticket	:	
Have you ever been convicted	of a felony or misdemeand	or as an adult?
	Date(s):	
Charge(s):		

Are you currently employed?	Employer	
Supervisor	Phone number:	
Days/hours worked:		
Employer	Date(s) Employed:	
Supervisor	Phone number:	
Employer	Date(s) Employed:	
Supervisor	Phone number:	
NAME High School:	GRADES (A's, B	
List your school history:		
High School:		
Other Schools:		
What language besides English do you	ı speak fluently?	
Have you had any type of First Aid tra	aining? (Explain)	
	earms? (Explain)	
Have you had any experience with two	o-way radios? (Explain)	
	ies? (i.e. band, sports, WSGA)	

Do you have any problem	s working outside in all weather conditions?
	or special skills? Please list:
	he Washburn University Police Department? Give names:
	ne cadet program? Give names:
	Forcement training or experience? Explain:
Give five (5) references (r	not relatives):
. ,	not relatives):  Phone number:
Name:	
Name:	Phone number:
Name:Name:	Phone number:  Phone number:
Name:Name:Name:	Phone number:  Phone number:  Phone number:
Name:Name:Name:Name:Name:	Phone number:  Phone number:  Phone number:  Phone number:
Name:Name:Name:Name:Name:	Phone number:  Phone number:  Phone number:  Phone number:  Phone number:

## WASHBURN UNIVERSITY POLICE CADET PROGRAM

## **Authorization for Records Release**

To Whom It May Concern:

I hereby request and authorize any person or entity to whom this Authorization for Records Release is presented to furnish Washburn University with any and all information and/or records in any form which she/he/it has concerning or pertaining to me, including but not limited to: employment, medical, education, finances, criminal history, or military service records, and any and all other information and/or records reflecting on my character, integrity and reputation. The foregoing description of information and/or records is to serve only as an example of the type information or records which are authorized to be disclosed and not a limitation as this authorization is specifically intended to include the production of any and all information and/or records in any form of a confidential or privileged nature pertaining to me as well as copies of any such records.

I hereby release you and your organization from any liability or damage which could result from

furnishing any and all information and/or records y me.	ou or your organization have pertaining to		
Full Name (printed)	Maiden or Other Names Used (printed)		
Date of Birth	States of Residency		
Drivers License Number	State		
Signature	Date		
Subscribed and sworn to before me thisday	of, 20		
 Notary			

(seal)