



CITY OF DULUTH
POLICE DEPARTMENT
2030 N. Arlington Ave, Duluth, Minnesota 55811
Phone: (218) 730-5400 Fax: (218) 730-5911

Date: _____

Last Name of Applicant (please print): _____

First Name (please print): _____

Middle (FULL) (please print): _____

Maiden, Alias or Former (please print): _____

Date of Birth: _____ Sex (male or female): _____
Month/Date/Year

I authorize the Minnesota Bureau of Criminal Apprehension and the Federal Bureau of Investigation to disclose all criminal history record information to the *Duluth Police Department* for the purpose of application to the Citizen's Police Academy with this agency.

The expiration of the authorization shall be for a period no longer than one year from the date of my signature.

Signature of Applicant

Date