

Duluth Police Department
411 West 1st Street, Room 104A
Duluth, MN 55802
218-730-5040

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 (M or F): _____
Month/Day/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