



Stanislaus State Police Department Student Police Academy Application

Email this completed application to public_safety@csustan.edu no later than February 20, 2023.
(Applicants will be notified by email by end of day on February 24, 2023)

Name (Last, First, M.I.): _____

Address: _____ City: _____ ZIP: _____

Telephone: _____ Cell: _____ E-mail: _____

Date of Birth: _____ Gender: _____ Driver's License/ID Card #: _____

Occupation: _____ Employer: _____ Work Phone: _____

Are you a Stan State Student?	Yes / No	What is your Major? _____
Are you part of a campus club or organization?	Yes / No	Name of Club/Org? _____
Are you a Stan State Staff/Faculty member?	Yes / No	What is your Department? _____
Do you have any past arrests, convictions or pending court cases?	Yes / No	(Do not include traffic citations)
Are you on criminal probation or parole?	Yes / No	

If you answered yes, please list the date, law enforcement agency, charge and disposition. Attach an additional sheet if necessary.

Date: _____ Agency: _____ Charge: _____

Disposition: _____

Background Authorization

I understand that a criminal background check and warrant check will be conducted by the Stanislaus State Police Department as part of the application process. I authorize any law enforcement agency to release to the Stanislaus State Police Department any and all information for the limited purpose of aiding in evaluating my eligibility to participate in the Student Police Academy. I understand that I will not receive and am not entitled to know the contents of confidential reports received from said agencies. I hereby release, discharge and hold harmless the agencies, their agents and any person furnishing information from any and all liability arising out of furnishing and inspecting such documents and information.

Signature of Applicant: _____ Date: _____

Please provide a brief description about why you would like to participate in the Student Academy (required):

FOR OFFICE USE:

Date/Time Submitted: _____ / _____ Warrant Check Completed Date/Time: _____ / _____ By: _____

Accepted ___ Denied ___