



## WRPD Citizen Police Academy Application/GCIC Consent Form

Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Number and Street City Zip

Phone Number: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Home Work Cell

Email Address: \_\_\_\_\_

Sex \_\_\_\_\_ Race \_\_\_\_\_ Date of Birth \_\_\_\_\_

Social Security # \_\_\_\_\_ Driver License # \_\_\_\_\_

I hereby authorize the Warner Robins Police Department to receive any criminal history record information pertaining to me that may be in the files of any state or local criminal justice agency in Georgia.

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

This form may be copied and faxed or mailed to:

Warner Robins Police Department  
Attn: Captain John Clay, Office of Community Initiatives  
P. O. Box 1488  
Warner Robins, GA 31099  
478-293-1060