



**City of White Plains
Department of Public Safety
Civilian Academy**

Applicant's Name: _____
Last First Middle Initial

Applicant's Date of Birth: _____
Month Day Year

Applicant's Drivers Lic. #: _____

Applicant's Neighborhood: _____

Applicant's Address: _____
City State Zip

Applicant's Phone #'s: _____
Cell# Home #

Applicant's Email: _____

Emergency Contact

Name: _____
Last First Middle Initial

Phone #'s: _____
Cell# Home #

Relationship _____

PERMISSION TO CONDUCT A RECORDS CHECK

As an applicant for the White Plains Department of Public Safety Civilian Academy, I hereby authorize the City of White Plains Police Department to conduct a criminal history records check, including convictions, pending charges and outstanding warrants. I understand this criminal history check is being conducted due to the nature of the classes being presented at the Civilian Academy.

I understand all available records will be checked and the information will be used to determine eligibility of the applicant into the White Plains Civilian Academy. All information is to remain confidential as per New York State and Federal regulations.

Applicant's Signature Date

Parent Signature is required if applicant is under 18 years of age. Date

Mail to: Captain James Spencer
77 South Lexington Ave. • White Plains, NY 10601

E-Mail To: jspencer@whiteplainsny.gov