



Tuscaloosa County Sheriff's Office

Citizen's Academy

APPLICATION

Name: _____ Date: _____

Address: _____ Zip: _____

Date of Birth: _____ Race: _____ Sex: _____ Soc. Sec. #: _____

Home Phone: _____ Drivers License or ID#: _____

Employer: _____

Business Address: _____

Occupation: _____

Work Phone: _____ Email: _____

List two family members or close friends that we can contact in the event of an emergency.

Name: _____ Relationship: _____

Address: _____ Phone: _____

Name: _____ Relationship: _____

Address: _____ Phone: _____

Have you ever been arrested/convicted of a crime? If so explain:

Why do you wish to attend the Citizen's Law Enforcement Academy?

Return completed application to Business Office of the Sheriff's Office
Or

Mail Complete Application to:

Citizen's Academy Coordinator
Tuscaloosa County Sheriff's Office
714½ Greensboro Ave.
Tuscaloosa, AL 35401