



**AUTHORITY OF CONDUCT BACKGROUND INVESTIGATION**

**As an applicant to participate in the Springfield Citizen Police Academy, I hereby authorize the Springfield Police Department to conduct a criminal history background investigation. I understand that such background investigation is routine, required for admission, and is conducted due to the content of the classes given at the Academy.**

**I understand that all available police and criminal records will be checked and that resulting information will be used in determining eligibility of applicants for the Citizen Police Academy. All information is to remain confidential as required by Illinois and Federal statutes.**

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**Signature**

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**Date**

**STUDENT AGREEMENT**

**I understand that class space is limited, Therefore, I agree to attend at least seven (7) of the nine (9) scheduled sessions. Additionally, I agree to arrive promptly and to complete and return the evaluation forms provided for each session.**

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**Signature**

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**Date**

**RETURN TO:**

**Springfield Police Academy  
ATTN: Benetta McConnell  
P.O. Box 176  
Springfield, Illinois 62705**