



Prescott Valley Police Department
7601 E. Skoog Blvd.
Prescott Valley, AZ 86314
(928) 772-9261 Phone
(928) 772-2700 Fax

PVPD Citizens Police Academy Application

Please print or type the requested information

Name: _____
(Last name) (First) (Middle)

Address: _____
(Number/Street) (City) (Zip Code)

Phone #: _____(home) _____(work)
_____ (cell) _____(other)

Email Address: _____

Date of Birth: _____ Social Security #: _____

AZ Driver's License #: _____ Expires: _____

Has your license ever been suspended or revoked? Yes _____ No _____ If yes, please explain:

Do you currently have automobile insurance? Yes _____ No _____
Name of auto insurance company: _____

Have you ever used any other names? Yes _____ No _____ If yes, please list all names used
and the reason for each: _____

Signature: _____ Date: _____



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Authorization for Release of Information

I, _____, DO HEREBY AUTHORIZE any and all persons, employers, partnerships, corporations and all civilian and government entities, military agencies, law enforcement agencies, private, and city, county, state and federal entities to release, furnish and exchange, any and all available information relating to me for the purpose of determining my suitability to attend a voluntary Citizen’s Police Academy for the Town of Prescott Valley Police Department. This includes, but is not limited to, all information related to my employment, performance, disciplinary history, character, integrity, reputation, conduct, behavior and fitness for duty.

This authorizes release to the Town of Prescott Valley Police Department. This release is in addition to, and not intended to curtail or diminish, the authorization and immunity provided by statute. I DO HEREBY RELEASE from any and all liability, all persons or entities disclosing information pursuant to this release.

Signature: _____ Date: _____