



**MARICOPA COUNTY SHERIFF'S OFFICE  
 TRAINING CENTER  
 2627 SOUTH 35<sup>TH</sup> AVENUE  
 PHOENIX, AZ 85009**



**CITIZENS ACADEMY  
BACKGROUND AUTHORIZATION FORM**

Please complete and fax this form in its entirety to 602-876-0059.

I, \_\_\_\_\_, DO HEREBY AUTHORIZE the MARICOPA COUNTY SHERIFF'S OFFICE to perform a criminal background check on myself as it relates to any and all criminal activity.

\_\_\_\_\_  
 First Name                      Middle Name                      Last Name                      Suffix (Jr., Sr., etc.)

\_\_\_\_\_  
 Date of Birth (must be at least 21 years old)                      Gender                      Social Security Number

\_\_\_\_\_  
 Primary Phone Number                      2<sup>nd</sup> Contact Phone Number (Please indicate if Cell/Work/Other)

\_\_\_\_\_  
 Home Address                      E-Mail Address

Occupation (if retired, what was your profession?): \_\_\_\_\_

How did you hear about the MCSO Citizens Academy?  
 \_\_\_\_\_

Please tell us a little about yourself:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

By signing below, I hereby declare that the information I have provided above is true and complete to the best of my knowledge. I understand that I will not receive, and I am not entitled to information collected during the application process, and I further understand that the information collected will be used in the evaluation process for consideration into the Maricopa County Sheriff's Office Citizens Academy.

\_\_\_\_\_  
 Signed                      Date