



**MARICOPA COUNTY SHERIFF'S OFFICE
 TRAINING CENTER
 2627 SOUTH 35TH 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) Social Security Number

 Primary Phone Number 2nd 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 to the best of my knowledge and belief.

 Signed Date