



Full Name: _____

Local Address: _____

Cell Phone Number: _____

Birth Date: _____ Drivers License State: _____

Drivers License Number: _____

Email Address: _____

In the space provided below briefly explain why you would like to be selected to attend the University Police Academy:

Requirements:

_____ Student/Faculty/Staff

_____ Background Investigation

_____ Interest in Law Enforcement

_____ Meet every Tuesday night from 6:00 pm until 8:00 pm for 8 weeks.

Signature: _____

Date: _____

Please print and turn in to the WKU Police Department.