



CITY OF DULUTH  
**POLICE DEPARTMENT**  
2030 N. Arlington Ave, Duluth, Minnesota 55811  
Phone: (218) 730-5400 Fax: (218) 730-5911

---

Date: \_\_\_\_\_

Last Name of Applicant (please print): \_\_\_\_\_

First Name (please print): \_\_\_\_\_

Middle (FULL) (please print): \_\_\_\_\_

Maiden, Alias or Former (please print): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex (male or female): \_\_\_\_\_  
Month/Date/Year

I authorize the Minnesota Bureau of Criminal Apprehension and the Federal Bureau of Investigation to disclose all criminal history record information to the *Duluth Police Department* for the purpose of application to the Citizen's Police Academy with this agency.

The expiration of the authorization shall be for a period no longer than one year from the date of my signature.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date