

**SPRINGFIELD TOWNSHIP POLICE DEPARTMENT
CITIZEN POLICE ACADEMY
BACKGROUND INVESTIGATION AUTHORIZATION FORM**

Name: _____

Address: _____

Date of Birth: _____

Social Security # _____

Gender: Male: _____

Female: _____

I, the undersigned, hereby authorize the Springfield Township Police Department, by and through its authorized agent, to request an investigation into any Traffic or Criminal convictions that I have on file. I understand that this Traffic and Criminal Background Investigation is being conducted as part of Springfield Township's consideration of my application for participation in the Citizen Police Academy and that the results thereof will be utilized for purposes of determining my eligibility to participate in the Citizen Police Academy.

Signature: _____

Date: _____