



# HENRY COUNTY POLICE DEPARTMENT

108 South Zack Hinton Parkway • McDonough, Georgia 30253  
Phone (770) 288-8200 • Fax (770) 288-8405



## Women's Self Defense Application

Please print

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Emergency Contact & Phone \_\_\_\_\_

Employer \_\_\_\_\_ City \_\_\_\_\_

Indicate month/dates requested for the class: 1<sup>st</sup> choice \_\_\_\_\_

(Dates will be listed on the website each year) 2<sup>nd</sup> choice \_\_\_\_\_

Have you ever been arrested for any offense other than minor traffic offenses? \_\_\_\_\_

If yes, what for \_\_\_\_\_, when \_\_\_\_\_, where \_\_\_\_\_

Are you committed to attending all the sessions? \_\_\_\_\_

I hereby certify that the information contained in the application is true and complete to the best of my knowledge. The Henry County Police Department is authorized to make any investigation of my personal history deemed necessary for consideration to attend the Women's Self Defense Class.

Signature \_\_\_\_\_ Date \_\_\_\_\_

\* This information is required for verification of data provided. It is not used for any other purposes.



# Citizens Police Academy or Women's Self Defense Class

Henry County Police Department

## Authorization for Release of Information/ Consent Form

I hereby authorize the Henry County Police Department to obtain and/or driving history record information pertaining to me, which may be in the files of any state or local criminal justice agency in Georgia, and other State, or any country.

The intent of this authorization is to give my consent for full and complete disclosure of the following records and request that the custodian of such records / information permit my records to be examined, copied or otherwise reviewed:

- **Criminal History Record**

A photocopy of this release form will NOT be valid as an original; we will need to have the ORIGINAL SIGNATURE and forms mailed or hand delivered to our offices. This release is executed with full knowledge and understanding that the information is for the official use of the Henry County Police Department in determining my suitability to attend the Citizens Police Academy.

I hereby waive and release any claims against any party, which I may have as a result of the release of any records or information referenced in this authorization. I acknowledge that no party shall have any liability to me as a result of complying with a request for such information and / or records.

I am furnishing my Social Security Number on a voluntary basis with the understanding such is not required by federal statute or regulation. I have been advised that this number will be utilized only to facilitate the location of the above information / records concerning me in connection with this application. Should there be any questions as to the validity of this release you may contact me as indicated below.

Print:

Full Name \_\_\_\_\_ Signature \_\_\_\_\_

Driver's License Number \_\_\_\_\_ State \_\_\_\_\_

Complete home address \_\_\_\_\_  
\_\_\_\_\_

Home phone number \_\_\_\_\_ Work phone number \_\_\_\_\_

Race \_\_\_\_\_ Sex \_\_\_\_\_ Social Security number \_\_\_\_\_

Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Today's Date \_\_\_\_\_

For Official Use Only

Information verified by \_\_\_\_\_ Date \_\_\_\_\_

**Return completed application to:**

Henry County Police Department  
108 South Zack Hinton Parkway  
McDonough, GA 30253

**Faxed and email copies will not be accepted, we must have original signatures**