

James City County Police Department Citizens Forensic Academy

Instructions: Please fill out the application and return it to the Law Enforcement Center, P.O. Box 8784, 4600 Opportunity Way, Williamsburg, VA 23187 or by email to david.luchard@jamescitycountyva.gov at your earliest convenience.

If you have any questions or concerns, please contact Sgt. David Luchard at (757) 259-5152.

James City County
Citizens Forensic Academy
Applicant Information

Names: _____
Last, First, M.I.

Address: _____

Phone #: _____

Date of Birth: _____

Email Address: _____

I would like my name to appear on the graduation certificate as follows:

Office Use only:

Date Application Received:	Background Results:	Date Notified:	Enrolled in Academy: Y/N
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James City County Police Department

Authorization for Criminal History Record Check



LAST NAME	FIRST NAME	MIDDLE NAME	MAIDEN NAME
PLACE OF BIRTH		DATE OF BIRTH	

I certify that the information provided above is true and correct. I hereby give consent and authorize the James City County Police Department to search their files, the Virginia Criminal Information Network, the Central Criminal Records Exchange, and the National Crime Information Center for any information relating to my criminal history record. I understand that this information will be used, in part, to determine my eligibility for employment, for a volunteer position, or for participation in the Citizens Forensic Academy. Unauthorized or further dissemination will subject the disseminator to criminal and civil penalties.

Signature of Applicant