

POLICE DEPARTMENT

Protect and Serve

CADET UNIT #9911

<u>Must Be Notarized</u>

We hereby authorize investigation into any police and school records, which may be maintained on me, by any law enforcement agency or school. I hereby release said law enforcement agency and school, the West Bend Police Department, City of West Bend, the West Bend Police Cadets/Cadet Program and members of each agency or school from all liability for damage for issuing or obtaining this information. We realize that this information, including academic grades, is important before my membership with the West Bend Police Cadets Program can be considered.

Name of Participant - Printed		
Signature of Participant	Date	
Signature of Parent / Guardian if under 18	Date	
State Of		
County Of		
Signed before me this day of	Month	20
Day	Month	Year
Notary Public	-	
	_	
Commission Expires		
HONE 262.335.5000 FAX 262.335.5028	_	
50 VINE STREET, WEST BEND, WI 53095 ww.WestBendPoliceCadets.org		Seal]