

**DELTA COLLEGE POLICE ACADEMY
BASIC POLICE TRAINING ACADEMY
APPLICATION INFORMATION**

Full Name (as it appears on your driver license)		
Street Address		
City, State, ZIP		
County	How Long?	
Home Phone	Cell Phone	
Email Address		
Social Security Number		
Driver License Number	Expiration Date	
Gender	Race	
Age	Birthdate	
Person To Contact In Case Of Emergency		
Relationship	Phone	
Session You Wish to Attend	January – May 201__	August – December 201__
What is your Delta or SVSU student number?		
I will have my degree before the academy.	___ Yes ___ No	
I will be receiving my degree upon completion of the academy.	___ Yes ___ No	
Delta College	SVSU	Other:

****You must submit this form with a completed and signed Applicant Information Sheet and Authorization for Release of Information; a copy of your birth certificate, Social Security Card, and drivers license; and the non-refundable application fee. Contact our office at (989) 686-9176 for the current application fee.**

For Office Use Only					
Release ___	BC ___	SSC ___	DL ___	AF _____	
In-District		Out-District		Out-of-State	