

**Virginia State University**  
**Department of Police & Public Safety**  
**Campus Community Police Academy Application**



Name: \_\_\_\_\_  
  Last  First  Middle

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

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

Student Major: \_\_\_\_\_

Faculty Position: \_\_\_\_\_

Staff Position: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ Expiration: \_\_\_\_\_

State of Driver's License: \_\_\_\_\_

I, \_\_\_\_\_, authorize Virginia State  
*(Signature Here)*  
University Police to conduct both a criminal history and DMV check as a part of  
the application process for the Citizens Police Academy.

*\* Class size is limited to approximately 20 participants per semester; slots are filled on a first come first served basis.*

Please return the completed application to:  
VSU Department of Police & Public Safety  
P.O. Box 9405 Petersburg, VA 23806