

Student Information Sheet

Please complete this form (type onscreen, except for signature). Print it out, sign it and mail it to the address below. Once you submit your completed form, *complete your Medical Exam and obtain two reference letters*, you can schedule your interview by calling **513-558-7408** or emailing **clc-policeacademy@email.uc.edu**.

Social Security Number: _____ Date of Birth: _____

First Name: _____ MI: _____ Last Name: _____

Email Address: _____

Home Address: _____
street *apartment*

city *county* *state* *zip*

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Place of Birth: _____
city *county* *state*

Driver's License Number & State: _____ Expiration Date: _____

Race: African-American Asian Caucasian Hispanic Other
Sex: Male Female
Color of Hair: _____
Color of Eyes: _____
Height: _____ Weight: _____

Sponsored Student: Yes No

If Sponsored: _____ Date of Hire: _____
agency name

Agency Address: _____ County: _____ Zip: _____

Signature: _____ Date: _____

Mail completed form to:
David S. Gregory
Police Academy Commander
UC Clermont College
4200 Clermont College Drive
Batavia, OH 45103

