



# Stanford Department of Public Safety Course Participant Application

## Community Public Safety Academy 2024

Application Due: December 16, 2023

Course Dates: Wednesdays, January 10 – March 13

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Full Name (First, Middle, Last) \_\_\_\_\_

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

Stanford University Affiliation \_\_\_\_\_

Driver's License or ID Number & State \_\_\_\_\_

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Permanent Address:

Local/School Address:

Street \_\_\_\_\_

Street \_\_\_\_\_

City, State \_\_\_\_\_

City, State \_\_\_\_\_

Zip Code \_\_\_\_\_ Phone \_\_\_\_\_

Zip Code \_\_\_\_\_ Phone \_\_\_\_\_

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Email address \_\_\_\_\_

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Have you ever been convicted of a misdemeanor or arrested for a felony?    Yes    No    If yes, please explain:

Do you have any criminal charges pending?    Yes    No

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Why would you like to attend this course?

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### Participant Requirements

- Minimum age of 18 yrs.
- Must live, work, or attend school at Stanford University.
- No felony convictions.

The Director of Public Safety may waive any requirement after a comprehensive explanation has been submitted.

### Selection Procedure

Participants are selected by the Director of Public Safety. Applicants will be selected after the application has been reviewed and the criminal records check completed. Applicants who have unacceptable criminal records will be rejected.

By signing, you acknowledge that all the information you have provided is accurate and true. You must also sign and date Standard Form 86 "Authorization for Release of Information" (required for consideration), required by the County of Santa Clara in order to perform the cursory criminal history check. No other investigation will be conducted. Please DO NOT provide your social security number.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Send completed applications to SUDPS, 233 Bonair Siding Rd. Stanford, CA 94305 (Campus Mail 7240), or to [LWade@stanford.edu](mailto:LWade@stanford.edu) with the text "secure:" in the subject line. For more information, please email [community-police-academy@lists.stanford.edu](mailto:community-police-academy@lists.stanford.edu) or call (650) 723-9633. Applications will be kept confidential.

# QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

## UNITED STATES OF AMERICA AUTHORIZATION FOR RELEASE OF INFORMATION

Carefully read this authorization to release information about you, then sign and date it in ink.

**I Authorize** any investigator, special agent, or other duly accredited representative of the authorized Federal agency conducting my background investigation, reinvestigation, or ongoing evaluation (i.e. continuous evaluation) of my eligibility for access to classified information or, when applicable, eligibility to hold a national security sensitive position to obtain any information relating to my activities from individuals, schools, residential management agents, employers, criminal justice agencies, credit bureaus, consumer reporting agencies, collection agencies, retail business establishments, or other sources of information. This information may include, but is not limited to current and historic academic, residential, achievement, performance, attendance, disciplinary, employment, criminal, financial, and credit information, and publicly available social media information. I authorize the Federal agency conducting my investigation, reinvestigation, or ongoing evaluation (i.e. continuous evaluation) of eligibility to disclose the record of investigation or ongoing evaluation to the requesting agency for the purpose of making a determination of suitability, or initial or continued eligibility for a national security position or eligibility for access to classified information.

**I Understand** that, for these purposes, publicly available social media information includes any electronic social media information that has been published or broadcast for public consumption, is available on request to the public, is accessible on-line to the public, is available to the public by subscription or purchase, or is otherwise lawfully accessible to the public. I further understand that this authorization does not require me to provide passwords; log into a private account; or take any action that would disclose non-publicly available social media information.

**I Authorize** the Social Security Administration (SSA) to verify my Social Security Number (to match my name, Social Security Number, and date of birth with information in SSA records and provide the results of the match) to the United States Office of Personnel Management (OPM) or other Federal agency requesting or conducting my investigation for the purposes outlined above. I authorize SSA to provide explanatory information to OPM, or to the other Federal agency requesting or conducting my investigation, in the event of a discrepancy.

**I Understand** that, for financial or lending institutions, medical institutions, hospitals, health care professionals, and other sources of information, separate specific releases may be needed, and I may be contacted for such releases at a later date.

**I Authorize** any investigator, special agent, or other duly accredited representative of the OPM, the Federal Bureau of Investigation, the Department of Defense, the Department of Homeland Security, the Office of the Director of National Intelligence, the Department of State, and any other authorized Federal agency, to request criminal record information about me from criminal justice agencies for the purpose of determining my eligibility for assignment to, or retention in, a national security position, in accordance with 5 U.S.C. 9101. I understand that I may request a copy of such records as may be available to me under the law.

**I Authorize** custodians of records and other sources of information pertaining to me to release such information upon request of the investigator, special agent, or other duly accredited representative of any Federal agency authorized above regardless of any previous agreement to the contrary.

**I Understand** that the information released by records custodians and sources of information is for official use by the Federal Government only for the purposes provided in this Standard Form 86, and that it may be disclosed by the Government only as authorized by law.

**I Authorize** the information to be used to conduct officially sanctioned and approved personnel security-related studies and analyses, which will be maintained in accordance with the Privacy Act.

I hereby give permission for my photograph/video to be taken and/or used for publication in promotional material, including permission for the Department to copyright the photograph/video in its name.

Signature ( <i>Sign in ink</i> )		Full name ( <i>Type or print legibly</i> )		Date signed ( <i>mm/dd/yyyy</i> )
Other names used			Date of birth	Social Security Number <b>N/A</b>
Current street address Apt. #	City ( <i>Country</i> )	State	ZIP Code	Telephone number