



## LAKE COUNTY SHERIFF'S OFFICE CITIZENS' ACADEMY

### Certification of Release of Information

As an applicant for the Lake County Sheriff's Office Citizens' Academy, I hereby give permission to the Lake County Sheriff's Office to conduct a background investigation of me and to contact any person or agency who may add to or aid in this investigation. I acknowledge as part of this process that the Lake County Sheriff's Office will conduct a minimal background check including my local contacts with law enforcement and criminal history.

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_