

## South Florida State College Criminal Justice Academy

## **Agreement Form**

I, \_\_\_\_\_, do hereby request enrollment in a Basic Criminal Justice Academy Training Program at South Florida State College, and do agree to the following conditions:

- 1. I will adhere to all the rules and regulations of the Criminal Justice Standards and Training Commission and South Florida State College, or I will be subject to expulsion from the program.
- 2. Registration will be on a space-available basis.
- 3. SFSC Criminal Justice Academy will be held harmless of liability and injury.
- 4. All expenses, unless otherwise noted, are my responsibility.
- 5. I hereby authorize the SFSC Criminal Justice Academy to release any and all information contained in my student file to any criminal justice agency or certified training center. This includes a review of your application by criminal justice personnel selected to serve on a Review Board prior to acceptance into the Academy.
- 6. I further understand that Florida Statute 943.14(7) requires training schools to conduct a criminal records check of each applicant prior to enrolling in a Criminal Justice Basic Training Program. If applicable, a non-refundable fee will be charged to you or your sponsoring agency to cover the cost of fingerprinting. If, for any reason, we would be required to fingerprint you again, you could be charged another process fee. If information is received during your attendance in the training program that would prohibit you from receiving certification as a Criminal Justice Officer, you will be withdrawn from the program.

By affixing my signature below, I certify that the information contained in this application is true and complete. I further understand that any false or misleading information may prevent my admittance into, or result in my future expulsion from the academy.

| Student Signature                                                              | Date                |      |
|--------------------------------------------------------------------------------|---------------------|------|
| STATE OF FLORIDA COUNTY OF                                                     | _                   |      |
| The foregoing instrument was acknowledged before me this                       | day of              | , 20 |
| By<br>Notary Public                                                            |                     |      |
|                                                                                | Signature of Notary |      |
| Personally Known OR Produced Identification<br>Type of identification produced |                     |      |