



**CHICAGO STATE UNIVERSITY POLICE DEPARTMENT INTERNSHIP
APPLICATION**

_____ *Last* _____ *First* _____ *Middle*

_____ *Address* _____ *City/State* _____ *Zip Code*

_____/_____/_____ *Date of Birth* ____/____/_____ *Social Security number* ____/____/_____ *Telephone*

_____ *Employer* _____ *Address* _____ *City/State*

_____ *Zip Code*

How did you hear about this internship program?

Applicant's Signature: _____

Advisor's Signature: _____



AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

For a period of one year from the execution of this form I, _____ do hereby authorize a review of and full disclosure of all records concerning myself to any duly authorized agent of Chicago State University (CSU) Police, or any individual or entity duly assigned by CSU whether said records are public, private, criminal, internal or confidential in nature. I direct the release of such information regardless of any agreement I may have made to the contrary with any entity or individual to whom this release is presented.

The intent of this authorization is to give my consent for full and complete disclosure of any criminal records, internal investigation records, military records, records of educational and financial institutions, including academic records, records of loans and other financial statements and records wherever filed. This may include records maintained by the National Personnel Records Center, and the United States Veterans Administration, employment and pre-employment records, including background reports, efficiency ratings, complaints or grievances filed by or against me.

I understand that any information obtained by a personal history background investigation will be considered in determining my suitability for employment by the State of Illinois. Additionally, I understand it is the legal duty of the CSU Police to release any information of a serious criminal nature uncovered by this investigation to the proper authorities. I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for giving this information; and I do hereby release said person(s) from any and all liability which may be incurred as a result of furnishing such information whether from record or relocation. I further release the CSU Police, its agents and designees under this release from any and all liability which may be incurred as a result of furnishing such information.

A photocopy of this release form will be valid as an original thereof, even though the said photocopy does not contain an original writing of my signature.

I have read and I fully understand the contents of the "Authorization for release of personal information".

PLEASE PRINT OR TYPE

_____	_____	_____
<i>Last</i>	<i>First</i>	<i>Middle</i>

<i>Address</i>	<i>City/State</i>	<i>Zip Code</i>
____/____/____	____/____/____	____/____
<i>Date of Birth</i>	<i>Social Security number</i>	<i>Sex</i> <i>Race</i>
____/____/____	____/____/____	
<i>Driver's License Number</i>	<i>Signature</i>	<i>Date</i>



CHICAGO STATE UNIVERSITY POLICE DEPARTMENT

GENERAL RELEASE AND WAIVER

KNOW BY ALL THESE PRESENT, that I _____ on my own behalf and on the behalf of my heirs, next of kin, executors, administrators, estate agents, and assigns representatives of any nature whatsoever, for and in consideration, I give authorization and permission to accompany officers or any officer of the Chicago State University Police Department (CSU) during the course of their duties, which has been granted to me at my voluntary request, after having been fully advised of the potential hazards of such activity or activities, do hereby RELEASE and WAIVE all demands, damages, actions, causes of action, suits, any claims of any nature whatsoever, whether in law or equity, that I or my heirs, next of kin, executors, administrators, estate agents, and assigns representatives of any nature whatsoever might otherwise have against Chicago State University, Chicago State University Police Department, and each and every officer, official, member, employee, agent, and attorney thereof, and his or her heirs, next of kin, executors, administrators, estate agents, on account of my death or injuries, both to person and to property, whether foreseeable or not, which may occur, directly or indirectly, or develop at any time in the future as a result of my activities or association with the department, whether in a vehicle, in the station, or otherwise in association with the department and officers and officials thereof in any manner whatsoever.

It is expressly agreed and understood that this RELEASE and WAIVER shall apply for the express purpose of precluding forever all claims, suits, demands, damages, and causes of action that I or my heirs, next of kin, executors, administrators, estate agents, and assigns representatives of any nature whatsoever might otherwise assert against any of the aforesaid parties as a result of my association and activities with Chicago State University, and the Chicago State University Police Department during my internship practicum ride-along program.

I hereby declare that the terms of the RELEASE and WAIVER have been fully read and understood by me, I have freely and voluntarily entered into and is accepted by me, I hereby acknowledge receipt of a copy of this agreement.

In further consideration of the aforesaid authorization and permission granted to me to accompany officer(s) of the Chicago State University Police Department at my request, I hereby promise and agree to fully comply with all instructions given to me for the purpose of protecting my personal safety and that of my property.

Intern's Signature _____ Date: _____
Signature

Authenticated:
Chicago State University Police Department

BY: _____ Date: _____
Signature