



EAST TEXAS POLICE ACADEMY

1104 Brook Drive
Kilgore, TX 75662
903-983-8663
www.kilgore.edu

Authorization to Release Information

I, the undersigned _____, hereby authorize the East Texas Police Academy (“East Texas Police Academy” includes all agents and employees of Kilgore College assigned to the East Texas Police Academy, or their lawful designees) to obtain any information from my present or former employers and their employees and representatives related to my employment and job performance. I hereby direct my present or former employers and their employees and their representatives to release such information upon request to the East Texas Police Academy, either verbally or in writing. I understand that the information released is for use by the East Texas Police Academy and may be disclosed to third parties as the East Texas Police Academy deems necessary. I hereby fully waive any rights or claims I have or may have against my present and former employers and the East Texas Police Academy and their officials, employees, representatives and agents from any and all liability claims or damages that may directly or indirectly result from the use, disclosure, or release of any such information by any person or party, whether such information is favorable or unfavorable to me.

The intent of this authorization is to give my full consent for full and complete disclosure of the records of educational institutions; financial or credit institutions (including records of loans); employment and pre-employment records (including background reports); social networking sites; efficiency ratings; complaints or grievances filed by or against me; military records; and the records and recollections of attorneys at law, or other counsel, whether representing me or another person in any case, either civil or criminal, in which I have, or have had an interest.

I also certify that any person(s) who may furnish information concerning me shall not be held legally accountable for providing information in any way, and I do hereby release said person(s) from any and all liability, including liability for any negligent act of any such party furnishing such information 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.

APPLICANT’S
SIGNATURE _____ DATE _____

BEFORE ME, _____, A NOTARY PUBLIC, ON THIS DAY PERSONALLY APPEARED _____, KNOWN TO ME (OR PROVED UNDER OATH OF OFFICE) TO BE THE PERSON WHOSE NAME IS SUBSCRIBED TO THE FOREGOING INSTRUMENT AND ACKNOWLEDGED TO ME THAT HE/SHE EXECUTED THE SAME FOR THE PURPOSES AND CONSIDERATIONS THEREIN EXPRESSED.

GIVEN UNDER MY AND SEAL OF OFFICE THIS _____ DAY OF _____, 20____.

NOTARY PUBLIC, STATE OF TEXAS

PRINTED NAME

MY COMMISSION EXPIRES: _____



East Texas Police Academy Applicant Declaration Page



WARNING: THE DECLARATIONS MADE ON THIS FORM ARE OFFICIAL STATEMENTS MADE ON A GOVERNMENTAL RECORD. KNOWINGLY MAKING A FALSE ENTRY OR OMISSION IS A CRIMINAL OFFENSE UNDER PENAL CODE §37.10.

Applicant Name: _____ **Course Applying For:** _____

A-5 Declaration:

INITIAL ONE OF THE BOXES BELOW:

I certify that I have **not** ever been dismissed from any other licensing course (BPOC, BCCC, BTOC) offered by any academy in the State of Texas, and that an A-5 has never been reported to TCOLE for my failure to complete a licensing course for any reason.

I certify that I have been previously dismissed from another licensing course (BPOC, BCCC, BTOC) offered by any academy in the State of Texas, namely the following course (List: Course, Academy Name, Date):

Military Service Declaration:

INITIAL ONE OF THE BOXES BELOW:

I certify that I have **not** ever served in any branch of the armed forces of the United States of America, nor any of their reserve or guard components.

I certify that I have served in a branch of the armed forces of the United States of America, or in one of their reserve or guard components (List: Branch, Dates of Service):

Prior Arrest Declaration:

For purposes of this question, an arrest is considered to have occurred if a person has been booked into any correctional facility or holding facility pursuant to any criminal charge of any grade, regardless of the duration of time spent in the facility or the final disposition of the charge alleged, or the person's age at the time the charge was filed; or if an information or an indictment was issued against a person alleging a criminal offense occurred. Note: court disposition paperwork is required for ALL arrests.

INITIAL ONE OF THE BOXES BELOW:

I certify that I have **not** ever been arrested.

I certify that I have been arrested (List: State, Arresting Agency, Charge, Disposition):

Prior ETPA Enrollment:

INITIAL ONE OF THE BOXES BELOW:

I certify that I have **never** attended a licensing course offered by ETPA (BPOC, BCCC, BTOC) at any time in the past.

I certify that I have attended a licensing course offered by ETPA (BPOC, BCCC, BTOC) at any time in the past. (List: Course Type, Course Location, Date):

I certify that there are no misrepresentations, omissions, or falsifications in the foregoing statements and answers to the above questions. I fully understand that any misrepresentation, omission, or falsification may deem me permanently disqualified from enrollment and may result in criminal charges being filed against me.

Print Name: _____ **Signature:** _____ **Date:** _____

Before me personally appeared _____, who stated that he/she has full knowledge of the purposes of this document and that he/she executed this document of his/her own free will and accord.

SEAL or Stamp

Signature of Notary

My Commission Expires: _____



East Texas Police Academy Drug Use Declaration Page



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Applicant Name: _____ **Course Applying For:** _____

Past Illegal Substance Use:

For purposes of this question, illegal substances include but are not limited to: methamphetamine, cocaine, heroin, fentanyl, or any other “street drug” that is not legal in the State of Texas. It does not include Marijuana.

INITIAL ONE OF THE FOLLOWING BOXES:

I certify that I have ***not*** ever consumed, used, or experimented with any illegal substance in my entire life.

I certify that I have consumed, used, or experimented with an illegal substance: (List ALL instances of use. If used habitually, list: first time used, last time used, and approximate number of times used, and circle “YES” below)

Date:	Substance:	Circumstances:	Habitual Use?	Yes	No

Past Prescription Drug Abuse:

For purposes of this question, a “prescription drug” is a medication or drug that is only available under prescription from a licensed physician. Prescription drugs include but are not limited to: Xanax, Hydrocodone, Percocet, Valium, Adderall, Codeine, etc.

“Abuse” means to have used a prescription drug for the purposes of intoxication (“getting high”), or having taken a medication regardless of the type of medication that was prescribed to another person, not prescribed to you, or not legally obtained via a prescription from a licensed physician / pharmacy.

INITIAL ONE OF THE FOLLOWING BOXES:

I certify that I have ***not*** ever abused a prescription drug in my entire life.

I certify that I have abused a prescription drug”: (List ALL instances of use. If used habitually, list: first time used, last time used, and approximate number of times used, and circle “YES” below)

Date:	Substance:	Circumstances:	Habitual Use?	Yes	No

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Prior Marijuana / THC Use:

For purposes of this question, "marijuana" is the cannabis sativa L. plant, and any part of that plant or any byproduct of that plant (oil, cakes, compounds, etc) that contain more than 0.3% THC by weight. This includes marijuana flower, "edibles", "vapes", or any other product or method used to consume or introduce THC into the body of a person.

INITIAL ONE OF THE FOLLOWING BOXES:

I certify that I have **not** ever consumed or used Marijuana or THC

I certify that I have consumed or used Marijuana or THC: (List ALL instances of use. If used habitually, list: first time used, last time used, and approximate number of times used, and circle "YES" below)

Date:	Substance:	Circumstances:	Habitual Use?	Yes	No

If you are unsure of what you need to declare, or how to fill this form out, call the ETPA office at 903.983.8663 and seek clarification.

I certify that there are no misrepresentations, omissions, or falsifications in the foregoing statements and answers to the above questions. I fully understand that any misrepresentation, omission, or falsification may deem me permanently disqualified from enrollment and may result in criminal charges being filed against me.

Print Name: _____ **Signature:** _____ **Date:** _____

Before me personally appeared _____, who stated that he/she has full knowledge of the purposes of this document and that he/she executed this document of his/her own free will and accord.

SEAL or Stamp

Signature of Notary

My Commission Expires: _____