

The University of Akron

Police Academy

Spring 2025

Application as an Open Enrollment Student

PLEASE TYPE OR PRINT CLEARLY

Application Information

			ATTACH A RECENT 2" x 2" Color Passport Photo Here (Head & Shoulders)
LastName	First Name	MI	
Home Address			
City	State	Zip	
Home Telephone Number	Cell Phone Number		
Social Security Number	D		
			Validation Signature and Date

Name:	DOB:	Age:
Address:	Place of Birth:	
City:	Social Security Number:	
State: Zip:	OH Driver's License Number:	
Home Telephone Number:	Cell Phone Number:	
Marital Status: # of Dependents:	Height:	Weight: Hair: Eyes:
Emergency Contact:	Relationship:	
Above Person's Number:	Alternative Contact & Number	
Are you a Veteran?	Are you entitled to Veteran's Education Benefits?	

High School:	Diploma:	
City: State:	Date Graduated:	
College:	Degree:	Date Graduated:
Are you currently enrolled at The University of Akron?	Date last attended The University of Akron:	

Present Employer:

From:

