The University of Akron

Police Academy

Spring 2025

Application as an Open Enrollment
Student

PLEASE TYPE OR PRINT CLEARLY

Application Information

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

Social Security Number   D

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: