



# SHERIFF OF ERIE COUNTY

TIMOTHY B. HOWARD

SHERIFF

## *Citizens' Academy Application*

Application for Spring 2015 Academy:

Name:

AKA:

E-mail Address:

Street Address:

City/Town:

State:

Zip:

Home Phone:

Work Phone:

Cell:

Date of Birth:

Place of Birth:

Citizenship:

Social Security  
Number:

Previous Address: (If less than 5 years at your current address)

Street Address:

City/Town:

State:

Zip:

***Employment***

Company Name:

Occupation:

Street Address:

City/Town:

State:

Zip:

Community/Civic Organizations:

***Emergency Notification***

Name:

Street Address:

City/Town:

State:

Zip:

Home Phone:

Work Phone:

Cell Phone:

Have you ever  
been convicted of a  
crime?

If yes, please explain:

Reference:

Phone:

After completing application, sign and return to:

Karen Weatherbee

C/O Erie County Sheriff's Office, 10 Delaware Ave. Buffalo, New York 14202

Signature: \_\_\_\_\_ Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**TIMOTHY B. HOWARD**  
**SHERIFF**



**MARK WIPPERMAN**  
**UNDERSHERIFF**

**SHERIFF OF ERIE COUNTY**

**REQUEST FOR RELEASE OF CRIMINAL HISTORY RECORD INFORMATION**

I, the undersigned, request arrest record information from the files of the Erie County Sheriff's Office on my personal record for the purpose of review and challenge. I understand that the search of the files will not include arrest information from other local police agencies, the New York State Identification and Information Service (NYSIIS), or the Federal Bureau of Investigation. My identification and signature have been verified by a Notary Public or a Commissioner of Deeds.

APPLICANT NAME (LAST, FIRST, MIDDLE)

OTHER NAMES I HAVE USED (ALIAS,  
MAIDEN, FORMER MARRIED)

STREET ADDRESS

CITY, TOWN OR VILLAGE

STATE

ZIP

HOME PHONE

WORK PHONE

CELL PHONE

SEX

DATE OF BIRTH

SOCIAL SECURITY NUMBER

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

*State of New York )*  
*County of Erie ) S.S*  
*Town of*

*On the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me personally appeared*

*To me known to be the same person described herein, and who has executed the foregoing instrument and acknowledged the execution thereof.*

\_\_\_\_\_  
NOTARY PUBLIC OR COMMISSIONER OF DEEDS

**TIMOTHY B. HOWARD**  
**SHERIFF**



**MARK WIPPERMAN**  
**UNDERSHERIFF**

**SHERIFF OF ERIE COUNTY**

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DATE

I, \_\_\_\_\_

Residing at \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

do hereby release the County of Erie and members of the Erie County Sheriff's Office from any and all liability from any incident(s) that occur while participating in any aspect of the Erie County Sheriff's Citizens' Academy.

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PRINT NAME

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SIGNATURE