



Dear Community Member,

Thank you for your interest in the Citizens on Patrol (COP) program. This program is designed to build a relationship between the city, the police department and our neighborhoods through community-based policing. Our goal is to deter, observe and report suspicious people and criminal activities by actively patrolling our communities. Candidates that successfully complete the application process will be enrolled in the next COP orientation class.

Attached are two forms that must be completed as soon as possible. The first form is a biographical data sheet that gives the police department permission to conduct a criminal background check using your personal information. The second form is a release of information authorization which allows the police department to provide all of the information from your background check to your current COP coordinator.

After completing your application, it should be returned to the Arlington Police Department Community Services Division. The application packet will be reviewed and you will be notified as to whether you will be permitted to participate in the COP program. At this time, you will also learn the date and time of your COP orientation class and the materials you will need to bring with you. Thank you for your interest in the COP program and in making our city a safer place to live.

Good Luck!

Jennifer Walsh, #2334
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Community Services Division
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**ARLINGTON POLICE DEPARTMENT
REQUEST AND AUTHORIZATION OF RELEASE OF
INFORMATION**

I, _____, do hereby request and authorize the Arlington Police Department, Arlington, Texas, to release to _____ extracts of
(COP Coordinator)
information contained in records maintained by the Arlington Police Department of which I am the subject. Said extracts of information shall be limited to:

- | | |
|--------------------------------------|---|
| 1. Type of incident | 2. Date of incident |
| 3. Charges filed or not filed | 4. Court to which charges were filed |

My birth date is _____ Driver's License Number _____

Race _____ Sex _____

Signature

Date **Time**

Information released: _____

Signature of person releasing information

Signature of Coordinator

Date **Time**

Date **Time**