Law Enforcement Academy * Fire Academy * Paramedic * EMT

CADET FILE WAIVER

I _____ represent and warrant the answers I have made to each and

Print Name

all of the foregoing questions are full and true to the best of my knowledge and belief. In order that the officials of the Weatherford College Public Safety Professions programs (LEA, EMT, Paramedic & Fire Academy) may be fully informed as to my personal character and qualifications for enrollment in the academy, I refer them to each of my former employers and to any other person who may have information concerning me. As this information is furnished at my express request and for my benefit, I do hereby release them from any and all liability for damage of whatsoever nature an account of furnishing such information. I acknowledge that any false statements, omissions or misrepresentations knowingly made in answering the above questions is good cause for removal from consideration for the Academy or discharge during it.

_____ _____/_____/_____

Signature of applicant Date

Sworn to and subscribed before me, this the _____day of _____, _____

Notary public in and for, State of _____

My commission expires _____/_____/_____ _____

Printed Name of Notary

Notary seal or stamp

_____