

**SOUTH BAY PUBLIC SAFETY TRAINING CONSORTIUM
POST BASIC DISPATCH ACADEMY**

**I HEREBY AUTHORIZE THE PROGRAM COORDINATOR
OF THE SOUTH BAY REGIONAL PUBLIC SAFETY
TRAINING CENTER TO RELEASE MY NAME, ADDRESS,
AND PHONE NUMBER TO ANY LAW ENFORCEMENT
AGENCY INTERESTED IN MY POTENTIAL
EMPLOYMENT.**

NAME
ADDRESS
CITY, STATE, ZIP CODE
PHONE NUMBER
E-MAIL

SIGNATURE	DATE
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