



# NEW JERSEY STATE POLICE Trooper Youth Week - Permission Form

TROOPER YOUTH WEEK CLASS #: \_\_\_\_\_

### Student Information

Name: \_\_\_\_\_  
Last First MI

Address: \_\_\_\_\_  
Street

City State Zip County

Home Phone No.: (\_\_\_\_) \_\_\_\_\_ Email Address: \_\_\_\_\_

Sex:  Male  Female Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Race or Ethnic Group:  
*Completion of this question is voluntary. The requested information will be kept confidential and used for statistical purposes.*

- |   |   |
|---|---|
| <input type="checkbox"/> Hispanic or Latino             | <input type="checkbox"/> African American or Black (Not Hispanic or Latino)                 |
| <input type="checkbox"/> White (Not Hispanic or Latino) | <input type="checkbox"/> American Indian or Alaskan Native (Not Hispanic or Latino)         |
| <input type="checkbox"/> Asian (Not Hispanic or Latino) | <input type="checkbox"/> Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino) |
|   | <input type="checkbox"/> Two or More Races (Not Hispanic or Latino)                         |

### Parent/Guardian Information

Name: \_\_\_\_\_  
Last First MI

Address: \_\_\_\_\_  
Street

City State Zip County

Home Phone No.: (\_\_\_\_) \_\_\_\_\_ Work Phone No.: (\_\_\_\_) \_\_\_\_\_

**Emergency**  
24 Hour Phone No.: (\_\_\_\_) \_\_\_\_\_ Email Address: \_\_\_\_\_

Upon reviewing all of the provided information and completed forms, \_\_\_\_\_  
*Nominee's Name*  
has my permission to attend the Trooper Youth Week Program conducted at the New Jersey State Police Academy in Sea Girt, NJ.

\_\_\_\_\_  
Parent/Guardian Name (Print)

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

Return **ALL** Forms by **June 1, 2015** to:

Division of State Police Professional Development Unit  
Attn: Trooper Youth Coordinator  
P.O. Box 7068, Building #1  
West Trenton, NJ 08628-0068