



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, 2017** to:

Division of State Police Professional Development Unit
Attn: Trooper Youth Coordinator
P.O. Box 7068, Building #1 - West Trenton, NJ 08628-0068
or E-mail: lpptrooperyouth@gw.njsp.org