

# Parent Permission Form

I, \_\_\_\_\_, do hereby give permission for the Citrus County Sheriff's Office to complete a background check on my child, \_\_\_\_\_ to determine their eligibility to attend the CCSO Citizens' Academy class. I understand that the classes will be held at the Emergency Operations Center located at 3549 Saunders Way in Lecanto, Florida, on Thursdays from 6:00 to 9:00 p.m. unless otherwise noted on the provided schedule.

I accept responsibility for providing transportation for my child both to and from the 12 scheduled Citizens' Academy classes and understand that completion Certificates will only be issued to those attendees with no more than two absences.

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**Parent/Guardian Signature**

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**Date**