



Alexandria Police Department

Rape Aggression Defense Class Application

Name: _____

Address: _____

E-Mail: _____

Home Phone #: () _____ Work Phone #: () _____

Date of Birth: ____/____/____ Driver License Number & State: _____

Occupation: _____

Reason(s) for wanting to attend the Rape Aggression Defense Class: _____

Who do you know that is in law enforcement? _____

Have you ever been arrested/convicted of a misdemeanor or a felony? _____

If so, when, where, and the charge: _____

Give the name and address of two character references:

1: _____

2: _____

How did you hear about the Rape Aggression Defense Class: _____

Do you authorize the Alexandria Police Department to run a criminal history? Yes: ____ No: ____

Signature: _____

Date: _____

Please fax or mail to:
Officer Natalie Jackson
8236 West Main Street
Alexandria, KY 41001
Office Phone: 859-635-4126
Fax 859-635-4123
njackson@alexandriaky.org