



University Police Department
777 Glades Road, Building 69
Boca Raton, FL 33431
tel: 561.297.3500
fax: 561.297.3565
www.fau.edu/police

CITIZEN RIDE-ALONG REQUEST

Form fields for personal information: Last Name, First Name, MI, Date of Birth, Permanent Street Address, Apt. #, DL # & Issuing State, City, State, Zip, Primary Phone, Email Address, Z Number

I, _____, would like to ride along as a civilian with an officer of the Florida Atlantic University Police Department on the following date and time _____, for one of the following reasons:

- Internship, Employment Purposes, Course Credit Requirement, Other: _____

I have read and signed the release from liability form and fully understand the provisions set forth by the Florida Atlantic University Police Department.

Applicant's Signature, Date

FOR ADMINISTRATIVE USE ONLY

Verification checkboxes: NCIC/FCIC Check, PALMS Check, BSO Check, FAU Check, FAUPD Release Form, FDLE Security Awareness Form. Includes fields for Verified by and Initials.

Comments: _____

Approval checkboxes: Approved, Not Approved. Includes fields for Date & Time, Reason(s) for denial, and Officer.

Chief of Police or Designee, Date