## UAF POLICE RIDE -ALONG REQUEST

First, middle, Last name:	
Address:	
Driver's License number and state of issue	
Phone numberDate	of Birth
Email address:	
Emergency ContadFull Name address, phone number, relationship:	
Preferred Day(s) of week:	Preferred times:
Preferred Officer (if any):	Reason for Ride Along:
Do you have any needs that require consideration:	
Are you an employee of the University Aflaska	

## \*\*\* LEGAL NOTICELEASE READ BEFORE SIGNING

This form must be completed and returned to the UAF Police Department at least 72 hours before the date requested. Submittal form does not mean the request has been approved. Back ground checks will be performed on all requesters prior to the approval as5t a paproval ntacted by UAFPD to inform you of request status. During that contact, the date, time and officer assignment will be established if the request has been approved. Ride Along applicants will be given a safety briefing at the time of the ride along. Any questions concerning

## **UAF POLICE RIDE-ALONG AGREEMENT**

sign the UAF Police Department Rideng Agreement and the University of Alaska Release Agreement.*
The officer I have been assigned to ride with has given me a safety briefing and the opportunity to ask questions that may clarify any requirements (initial at time of ride along).
I have voluntarily requested to ride as a passenger and observer in a UAFPD vehicle that will be operated by official Law Enforcement personnel while performing official duties as a peace officer.
I understand that the activities of the officer I am assigned to ride with may be dangerous, involving possible risk of personal injury and damage or loss of property.
I understand that I am to obey the commands of the officer at all times during the ridealong. I will not take any action that will inhibit the actions of the officer I am assigned to or that will jeopardize the safety of myself and/() (h)-4 not take aer I am as (40) (1) TIF (MY THE 2) (1)