ACADEMY CADET DEPARTURE FORM

July 2022

Colorado Department of Law
Criminal Justice Section, POST Board
1300 Broadway 9th Floor
Denver, CO 80203
post@coag.gov
720-508-6721 FAX 866-858-7486

PLEASE REFER TO POST RULE 21

RULE 21

Academy Cadet Name: _____
Last First Middle

_____ _____
PID # (000000 or 0000-0000) Academy Contact Information

Complete information below for academy departure:

Departure Date: _____

Reason for Departure: ☐ Voluntary Resignation ☐ Ineligible for Certification ☐ Termination

☐ Injury ☐ Academic/Skill ☐ Other (explain below)

This cadet will return for a future academy/skills program: ☐ Yes ☐ No

Please briefly describe the circumstances concerning the reason for departure:

_____

_____

_____

_____

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_____

_____

_____ Date: _____
Name and Title

_____
Academy