

Department of Homeland Security  
Federal Emergency Management Agency  
Center for Domestic Preparedness

Authorization and Affirmation  
for  
Alabama Fire College Students

Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Current Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Privacy Act Release**

In accordance with the federal Privacy Act, 5 C.F.R. § 5.21, I authorize the release of personal and demographic information about me collected by the Center for Domestic Preparedness (CDP), which is a component of the U.S. Department of Homeland Security, Federal Emergency Management Agency, to the Alabama Fire College as needed exclusively for Proboard test administration and certification, consisting of the following information: student identification number, full name, work email address, and date of birth.

**Felony Conviction Statement**

I also hereby affirm that I have not been convicted of a felony and that I am not otherwise in violation of Alabama Administrative Code 360-X-1-.01(3)(e).

In accordance with the provisions of 28 U.S.C. § 1746, I declare under penalty of perjury that the foregoing is true and correct.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date