



San Diego County SHERIFF'S DEPARTMENT

VISITOR SECURITY CLEARANCE REQUEST

I hereby authorize the San Diego County Sheriff's Department to conduct a background and security check on myself, as a condition of my acceptance to enter the San Diego County Jail facilities as a visitor/volunteer/contractor. I request entry into: EMRF FACILITY 8 GBDF LCDRF SBDF SDCJ VDF

NAME: _____ **Alias or Maiden name:** _____
(Print your name exactly as it appears on your *picture identification*)

Date of Birth: _____ Driver's License No.: _____ State: _____

Social Security No.: _____ Sex: _____ Race: _____ Eyes: _____ Hair: _____

Address: _____
(Street, Apt. No.) (City) (Zip Code)

Phone: _____ Alt. Phone: _____ Email: _____

Emergency Contact: _____ Telephone: _____

Agency/ Service/
Organization: _____ Program to be provided: _____

Program Contact: _____ Phone: _____

- Have you ever been convicted of a crime? Yes No
- Have you ever been charged with a misdemeanor, which was later reduced? Yes No
- Have you ever been charged with a felony, which was later reduced? Yes No
- Have you ever had your conviction records sealed or expunged? Yes No N/A
- Have you ever been contacted or taken into custody by LE for any reason? Yes No

I understand that any false statement, verbal or written, will cause my clearance request to be denied or be cause for dismissal if an approval was made. I also understand that if any of the above information changes, I shall notify both my Program Contact and the Sheriff's Department's Volunteer Coordinator immediately.

Applicant's Signature: _____ Date: _____

*****Application will not be processed without a clear copy of your valid picture identification*****

..... **SHERIFF STAFF USE ONLY BELOW THIS LINE**

Requested by: Facility/Division _____ Contact: _____ Phone: _____

This request is for: Temporary – Date(s) _____ Continuous (Annual)

	No Record	Record Found
RI01 Sheriff's Records	()	()
MA09 Local Want and Warrant	()	()
DLF Driver License File	()	()
QW NCIC-CLETS Wanted Person	()	()
QHA CII Criminal History	()	()
ARJIS Local Contact Record	()	()

Comments: _____

Investigating Deputy: _____ ARJIS#: _____ Date: _____

ENTRY APPROVED: YES NO By: _____ Date: _____