



RECORDS <input type="checkbox"/>	INTELLIGENCE <input type="checkbox"/>
IRU _____	
DENIED <input type="checkbox"/>	APPROVED <input type="checkbox"/>
BY: _____	
DATE: _____	
FOR DEPARTMENT USE	

Ventura County Sheriff's Office
Detention Facility
SECURITY CLEARANCE REQUEST FORM

PLEASE, PRINT ALL INFORMATION (SHORT FORM) DATE: _____

Clearance Requested for: _____

Full Name: _____
List **any** and **all names** you have used or are known by, including **MAIDEN** and or **NICK NAMES**
ON THIS LINE: _____

Address: _____
Street city, state zip home phone number

Current place of employment: _____ List any other numbers
(Your employer will **NOT** be contacted.)
where you may be contacted: _____

Driver's License #: _____ expiration: _____
California ID # _____ expiration: _____

Date of birth: _____ Height: _____ Weight: _____
Hair: _____ Eyes: _____

List any other State(s) you have been issued a driver's license below. None

state / #	state / #	state / #
Social Security Number	-	-
Place of Birth:		
CITY	STATE	COUNTRY

THIS INFORMATION IS NECESSARY FOR PROCESSING JAIL CLEARANCES. TO AVOID DELAYS IN THIS PROCESS IT IS IMPORTANT THAT YOU **FILL THIS FORM OUT COMPLETELY**. YOUR SIGNATURE IS NECESSARY TO AUTHORIZE THE DEPARTMENT TO CHECK THIS INFORMATION. YOUR ADDRESS WITH DMV MUST BE CURRENT. AN INCORRECT ADDRESS ON FILE WITH DMV WILL **STOP** THE PROCESS.

Your Signature Date

FI#:
FOR DEPARTMENT USE ONLY