

Sherburne County Sheriff's Office Authorization For Information

I, _____, hereby authorize Sherburne County to conduct a criminal background check. For the purpose of entering the secure portions of the Sherburne County Jail for a tour of the facility or to conduct work in the facility. I understand that the jail officials retain discretion to deny me access to the secure portions of the jail conditioned upon the results of the criminal background check.

Date of Birth: _____ State DL issued in: _____

A copy of this signed form shall be valid as the original.

Applicant Printed Name: _____
First Middle (Full) Last

Maiden, Allies, Former Names: _____

Applicant Signature: _____

Date signed: _____

For Office Use Only

Run Date: _____ Badge #: _____ Reviewed / Not Printed: _____
Date Badge #

Reviewed / Printed: _____ Destroyed: _____
Date Badge # Date Badge #

ICR#: _____ Clear: Yes No

Requester: _____ **Purpose:** _____

Contact Phone Number/ Email for Results: _____