

Sherburne County Sheriff's Office Authorization For Information

I, _____, hereby authorize Sherburne County to conduct a criminal background check and driving record check on me. 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 and driving record check.

Date of Birth: _____

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

Applicant Printed Name: _____
First Middle 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

Give this document to the Jail Administrator

Requester: _____ **Purpose:** _____

Contact Phone Number/ Email for Results: _____