

# OAKLAND COUNTY SHERIFF'S OFFICE

Request and authorization for the Sheriff's Office to perform a background investigation relating to governmental applications. THIS FORM MUST BE FILLED OUT COMPLETELY TO PROCESS THE REQUEST.

## THIS SECTION TO BE COMPLETED BY THE OFFICIAL REQUESTING CLEARANCE

\_\_\_\_\_

Date

\_\_\_\_\_

Department/Division requesting clearance

\_\_\_\_\_

Official requesting clearance

\_\_\_\_\_

Email/Phone Number

## THIS SECTION TO BE COMPLETED BY THE APPLICANT SEEKING CLEARANCE PLEASE PRINT

\_\_\_\_\_

Full Name

\_\_\_\_\_

Previous Name(s) Used

\_\_\_\_\_

Date of Birth (month/day/year)

\_\_\_\_\_

Race / Sex

\_\_\_\_\_

Address of Residency

\_\_\_\_\_

City/State/Zip

\_\_\_\_\_

Driver's License #

\_\_\_\_\_

Other States Resided In

\_\_\_\_\_

Email Address Used

By signing this authorization, I, \_\_\_\_\_, grant the Oakland County Sheriff's Office (OCSO) permission to perform a criminal history background check, which will include inquiries into arrests, criminal charges, criminal convictions, and information regarding criminal justice contacts for the reason(s) set forth above.

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

PLEASE ATTACH A COPY (FRONT & BACK) OF APPLICANTS DRIVERS LICENSE TO THIS FORM.