

TARRANT COUNTY SHERRIFF"S DEPARTMENT CONFINEMENT BUREAU

Request for Security Check

Name (as it appears on Drivers License):				
Address:				
		Telephone:		
ID/Drivers License Number:	State:	Social Security Number:		
Date of Birth: Place of Birth	1:			
Height: Weight:	Color Eyes: Color	Hair: Sex:	Race:	
Contractor/Organization:				
Subcontractor:				
Address:				
City, State, Zip:				
Telephone (Include Area Code):				
Supervisor Name:				
Type of access required: (Check one only)			Intermittent	
Frequency: (Check One Only)Daily _				
Date(s) of requested entry: From:				
Reason for Request: Maintenance Cont				
(Explain)				
Have you ever been arrested for anything, adjudication? Yes No			e been place on deferred	
If yes, explain: (if more room is needed, use	e the back or use another sh	eet)		
• • •		,		
Signature of Requestor:		Date:		
		ormation will result in disapproval,		
	ion included herein will not be di	•		
*** Include a copy of Driver I	License and Social Security card when Mail to: Confinement Bureau Action 100 North Lamar Fort Worth, Texas 761		ck ***	
	Confinement Bureau Administra	ntion Use Only FBI#		
DLZW		CCH		
		Date		
Comments:	oval Disapproval			