

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 OFFICAL REQUESTING CLEARANCE

Date Department/Division requesting clearance

Official requesting clearance Email/Phone Number

APPLICATION FOR ORDINANCE# (fill in ordinance number)

Reason for Township of Orion Application Investigation

THIS SECTION TO BE COMPLETED BY THE APPICANT 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 THE APPLICANTS DRIVERS LICENSE TO THIS FORM