



MARK SCHOONOVER
CHIEF DEPUTY

JIM NEIL
SHERIFF
HAMILTON COUNTY, OHIO



JUSTICE CENTER
ROOM 110
1000 SYCAMORE STREET
CINCINNATI, OHIO 45202-1336
(513) 946-6400
FAX: (513) 946-6360

REQUEST FOR SECURITY CLEARANCE

All individuals desiring to gain admittance into the secured areas of any correctional facility under the control of the Hamilton County Sheriff's Department are required to have security clearance. The Sheriff's Department will conduct the basic background check and determine if an individual will be admitted.

The following information must be provided in order to process your request. Please print legibly.

NAME _____ D.O.B. ____/____/____

ADDRESS _____

CITY/STATE/ZIP _____

HOME PHONE _____ OFFICE/CELL PHONE _____

EMAIL ADDRESS _____

SOCIAL SECURITY NO. _____

ORGANIZATION _____

SPECIFIC FUNCTION/PROGRAM (circle one) **Clergy Contact** **Jail Chaplain** **Worship Team**

REFERRING FACILITY/COUNTY AGENCY/INDIVIDUAL **Transforming Jail Ministries**

I, the undersigned, authorize the release of any record/information which will aid the Hamilton County Sheriff's Department in their determination of granting my requested security clearance.

I further agree to release from all liability any person(s) supplying any of the information requested by the Sheriff of Hamilton County, Ohio or his designated representative.

If clearance is granted, visitors will be required to show a picture I.D. before being issued a "Visitor's Pass". This pass is to be clearly visible and worn throughout the visit. It must be returned to the control room officer before exiting the facility.

SIGNATURE OF APPLICANT

DATE

REVEREND STUART WARREN

DATE