



Investigative Report Authorization Form
APPLICANT INFORMATION (PLEASE PRINT LEGIBLY)

(Please Submit a copy of your ID w/ application)

CHECK ONE: Denver Health Social Agency Video Visit Only
Professional/Official Visitor Intern No Escort

LEGAL NAME: Last First Middle

OTHER NAME(S) KNOWN BY (maiden/marriage/other):

CURRENT ADDRESS:

STREET CITY STATE ZIP Eye Color:
Phone Number SSN: DOB Hair Color:
Email Address Height:
Driver License/ID# EXPIRATION DATE STATE Weight:

PREVIOUS ADDRESSES: (Include dates of residence, Attach additional sheet, if necessary) Last 5 years.

Street	City	State/Zip	From	To

Purpose of Pass: Frequency
Position Title: Agency:
Agency Address:
Agency Phone#: Agency Coordinator:
Coordinator Email:

Disclosure and Authorization: In processing your application for employment or volunteer opportunities within the Denver Sheriff Dept. facilities, Denver Sheriff Dept. will obtain investigative reports to include but not limited to criminal and motor vehicle history. Your signature authorizes Denver Sheriff Dept. to consider this information when making decisions regarding your employment/volunteer opportunity; authorizing all law enforcement agencies, government or other agencies deemed necessary to release any information required in connection with this investigation as well as to hold harmless Denver Sheriff Dept., or any other agent acting on their behalf, from any and all liability or responsibility arising through the investigation of your background. The authorization in original or copy form shall be valid for this and any future investigation conducted by the company.

Applicant Signature Date:

FOR OFFICIAL USE ONLY NCIC CLEARANCE DATE:

Authorized Signature: Date:

Approved: Denied Approval Expiration Date:

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