

# BACKGROUND INFORMATION REQUEST AND WAIVER

(Please print clearly or type)

## PERSONAL DATA:

NAME: \_\_\_\_\_  
  LAST  FIRST  MIDDLE

RESIDENTIAL ADDRESS: \_\_\_\_\_  
(Not a P.O. Box)                                STREET  CITY  STATE

DOB: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_      SSN: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_      DRIVER LIC: \_\_\_\_\_  
(MM/DD/YY)  & STATE

COMPANY NAME: \_\_\_\_\_      CO. PHONE: \_\_\_\_\_

Have you ever visited an inmate/detainee @ the Middlesex Jail and House of Correction?      \_\_\_\_\_ Yes      \_\_\_\_\_ No  
Do you have family/friends incarcerated @ the Middlesex Jail and House of Correction?      \_\_\_\_\_ Yes      \_\_\_\_\_ No

I \_\_\_\_\_, understand that the Middlesex Sheriff's Office will conduct a criminal records check, and I hereby release, discharge, and exonerate the Middlesex Sheriff's Office, its agents and representatives, and any person so furnishing information, from any and all liability of every nature and kind arising out of the furnishing or inspection of such documents, records, and other information or the investigations made by or in behalf of the Middlesex Sheriff's Office.

SIGNATURE: \_\_\_\_\_      DATE: \_\_\_\_\_

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## **MSO Staff: Request for Security Clearance**

*This form and its entirety must be filled out two weeks prior to admittance.  
Incomplete forms will not be processed.*

STAFF REQUESTING CLEARANCE: \_\_\_\_\_

REASON: \_\_\_\_\_      LENGTH OF CLEARANCE: \_\_\_\_\_  
(MAX 365 Days)      DAYS

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## SECURITY

NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

NOTES: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## ASST. SUPERINTENDENT

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

DECISION: APPROVED OR DENIED

*If denied forward to Superintendent for final review*

Superintendent Osvaldo Vidal      Approved      Denied