

**VISITOR BACKGROUND REQUEST FORM**

YOUR NAME \_\_\_\_\_  
  LAST  FIRST  MIDDLE

ADDRESS \_\_\_\_\_  
  CITY  STATE  ZIP

DATE OF BIRTH \_\_\_\_\_ SEX \_\_\_\_\_ RACE \_\_\_\_\_

SOCIAL SECURITY \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

DRIVERS LICENSE OR ID # \_\_\_\_\_ RELATIONSHIP TO INMATE \_\_\_\_\_

INMATE'S NAME \_\_\_\_\_

-I FREELY AND VOLUNTARILY GIVE THE MONTGOMERY COUNTY SHERIFFS DEPARTMENT PERMISSION TO PERFORM A BACKGROUND CHECK ON ME TO ENSURE THERE ARE NO CONFLICTS WITH MY VISITING THE ABOVE NAMED INMATE. UPON MY APPROVAL, I ALSO AGREE TO ABIDE BY THE RULES SET FOR VISITATION BY THIS FACILITY, AND UNDERSTAND THAT VIOLATIONS OF SAID RULES CAN TERMINATE MY VISITATION APPROVAL.

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

\*\* A COPY OF YOUR DL OR ID IS REQUIRED TO PROCESS

Office Use:      KCJIS \_\_\_\_\_ DL \_\_\_\_\_ 29 \_\_\_\_\_ III \_\_\_\_\_