

# SHERIFF'S OFFICE PROFESSIONAL VISITOR ID REQUEST

Check one or both

Jail Access  LEC Access

\_\_\_\_\_  
Date Request Submitted

Name: \_\_\_\_\_  
Last First Full Middle

Alias / Maiden Name: \_\_\_\_\_

Current Personal Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Email: \_\_\_\_\_ Other Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_ Race: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Natural Eye Color: \_\_\_\_\_ Natural Hair Color: \_\_\_\_\_

Employer: \_\_\_\_\_

Occupation: \_\_\_\_\_ Title: \_\_\_\_\_

Employer's Address: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Supervisor's Phone: \_\_\_\_\_ Supervisor's Email: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Phone Number: \_\_\_\_\_

Employer Phone Number: \_\_\_\_\_

————— **This section to be completed by Sheriff's Office processing personnel** —————

Background Completed

LEC Admin Approval By: \_\_\_\_\_ Date & Time: \_\_\_\_\_

Jail Admin Approval By: \_\_\_\_\_ Date & Time: \_\_\_\_\_

Photo Taken By: \_\_\_\_\_ Date & Time: \_\_\_\_\_

SPN#: \_\_\_\_\_