



JAY G. GRAMKE  
CHIEF DEPUTY

# CHARMAINE MCGUFFEY

SHERIFF

HAMILTON COUNTY, OHIO

JUSTICE CENTER  
ROOM 110

1000 SYCAMORE STREET  
CINCINNATI, OHIO 45202-1336

(513) 946-6400

FAX: (513) 946-6402



KEVIN M. HORN  
CHIEF OF STAFF

## 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.

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY/STATE/ZIP \_\_\_\_\_

HOME PHONE \_\_\_\_\_ OFFICE/CELL PHONE \_\_\_\_\_

Email \_\_\_\_\_

SOCIAL SECURITY NO. \_\_\_\_\_

ORGANIZATION \_\_\_\_\_

SPECIFIC FUNCTION/PROGRAM \_\_\_\_\_

REFERRING FACILITY/COUNTY AGENCY/INDIVIDUAL \_\_\_\_\_

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

\_\_\_\_\_  
DATE

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