VISITOR BACKGROUND REQUEST FORM

VISITOR NAME: _____
LAST **FIRST** **MIDDLE**

ADDRESS: _____
CITY **STATE** **ZIP**

DATE OF BIRTH: _____ **SEX:** _____ **RACE:** _____

SOCIAL SECURITY #: _____ **PHONE #:** _____

DRIVER'S LICENSE #: _____ **RELATIONSHIP:** _____

INMATES NAME: _____

I freely and voluntarily give The Montgomery County Sheriff's Department permission to perform a background check on me to insure there are no conflicts with my visiting the above named inmate currently being held in this facility.

SIGNATURE: _____ **DATE:** _____