



**LATHROP POLICE DEPARTMENT**  
940 River Islands Parkway, Lathrop, CA 95330  
Main: (209) 647-6400

**APPLICATION FOR LOCAL CRIMINAL BACKGROUND CHECK**

Name: \_\_\_\_\_  
FIRST MIDDLE LAST

Social Security Number: \_\_\_\_\_

Previous / Former / Married / or other names used since birth:

\_\_\_\_\_ FIRST MIDDLE LAST

\_\_\_\_\_ FIRST MIDDLE LAST

Date of Birth: \_\_\_\_\_

Place of Birth: \_\_\_\_\_, \_\_\_\_\_

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

Daytime telephone #: \_\_\_\_\_

**NAME AND ADDRESS OF PERSON / COMPANY / AGENCY REQUESTING YOU TO OBTAIN A LOCAL CRIMINAL BACKGROUND CHECK:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does the Clearance Letter need to be notarized? CIRCLE ONE YES NO

\*\*Applicant will need to provide Notary at time of pick up.

<p><b>FOR OFFICE USE ONLY</b></p> <p>Checked Clear: _____</p> <p>Date: _____</p>
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