

**INSTRUCTIONS FOR CLERGY APPLICATION**

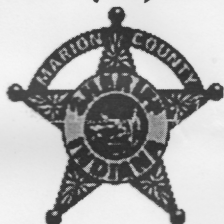
- 1-Please fully fill out section two
- 2-We MUST have a Copy of ID/ License

You are welcomed to email everything back to me, fax to 317-327-1618, or mail to 40 S. Alabama St. Indianapolis, IN 46204

(\*\*AFTER RESULTS OF BACKGROUND CHECK WE WILL CONTACT YOU\*\*)

Thanks have a blessed day!

*Ferrin Parham  
Chaplaincy Admin Assistant  
Offices of the Marion County Sheriff  
40 S Alabama st  
Indianapolis, IN 46204  
Phone-(317)327-1320  
Fax- (317)327-1618*



PERMISSION FOR A CRIMINAL HISTORY TO BE CONDUCTED

Section One: Must be completed by authorized personnel requesting that the below individual granted permission to enter a MCSO Facility. You will be notified once criminal history is completed.

Name & Contact Number: \_\_\_\_\_

Contracted Company: \_\_\_\_\_

MCSO Facility Name: \_\_\_\_\_ Permanent or Temporary (circle one)

Reason for Entry \_\_\_\_\_

Frequency: \_\_\_\_\_

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Section Two: Must be completed by the individual who will be entering a MCSO Facility.

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

Any other names used, alias, maiden, etc.:  
\_\_\_\_\_

SSN: \_\_\_\_\_ DLN/ID \_\_\_\_\_ DOB: \_\_\_\_\_

Race: \_\_\_\_\_ Sex: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

I GIVE PERMISSION TO THE MARION COUNTY SHERIFF'S DEPARTMENT TO CONDUCT A CRIMINAL HISTORY FOR THE PURPOSE OF EMPLOYMENT OR FACILITY ENTRY.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

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Section Three: Division Commander (or designee) must approve and indicate if and what type of ID card to be issued.

\_\_\_\_\_  
APPROVED BY LIEUTENANT COLONEL

MCSO ID CARD: YES \_\_\_ OR NO \_\_\_  
IF YES: NON-PROXY \_\_\_ OR PROXY \_\_\_