

Local Criminal History Check Application

Yuba County Sheriff's Department

720 Yuba Street
Marysville, CA 95901
(530)749-7777

Name: _____

AKA's: _____

Date of Birth: _____ Driver's Lic. #: _____

Social Security Number: _____

Phone Number: _____ Address: _____

Street Address or P.O. Box

City State Zip

I, _____ am requesting a local criminal history check to be performed for my own personal use. I understand the resulting documentation may or may not provide a favorable response. Furthermore, it has been made clear to me that the criminal history check I am requesting covers only the jurisdiction of the Yuba County Sheriff's Department for the last seven years.

I hereby release, discharge, and exonerate The Yuba County Sheriff's Department, including their employees, or related personnel, both individually and collectively, their agents and representatives, and/or any person furnishing this information to me from any and all liability of every nature and kind arising out of the furnishing and inspection of such documents, records and other information, and this release shall be binding on my legal representatives, heirs and assigns.

Applicant Signature

Date

Print Name

Sheriff's Office Employee Signature & ID Number

Sheriff's Department Personnel Only

- | | |
|---|--------------------|
| <input type="checkbox"/> I.D. Verified | Address Letter To: |
| <input type="checkbox"/> Date _____ | _____ |
| <input type="checkbox"/> Receipt Number _____ | _____ |
| <input type="checkbox"/> Department Personnel _____ | |