



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

*Stephen Sealy*  
CHIEF OF POLICE

**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.

**FOR OFFICE USE ONLY**

Checked Clear: \_\_\_\_\_

Date: \_\_\_\_\_