Mon			l and Andrev for Clearanc				MONROE COURSE	
COPY OF DRIVER'S LICENSE OR PHOTO ID WITH DOB REQUIRED *You must be at least 18 years old to enter the facilities*								
Ŷ		roumusti	Je al least to years		eracinties	-	Fodd K. Baxte	er - Sheriff
Name:			DOB:					UnderSheriff
Address:							-	Superintendent
Email:			Phone:					
Gender: M F Race:	White	Black	Hispanic	Asian	Native /	American	Other .	
Organization:		Organization Phone:						
Supervisor's Name:					pervisor's Phone:			
Clearance Type you are request	ing: C	Clergy	Gro	up Church S	Service	Educati	onal Program	
Professional Agency Reh	ab Progran	n	AA NA	Othe	r (des	scribe):		
Have you ever been arrested?	Y	Ν	If yes, please ex	kplain:				
Do you have a Criminal Record?	Y	N	If yes, please ex	xplain:				
Are you on Probation or Parole	? Y	N	If yes, please ex	plain:				
Have you ever been on Probation or Parole? Y N If yes, please explain:								
Do you need any special accom	modations	? Y	N If y	es, please e	xplain:			
Applicant's Signature:							Date:	
Sponsor's Signature:							Date:	
			Office U	lse Only				
Orientation Completed:	Y	Ν					Date:	
eJUSTICE:	Y	Ν					Date:	
MoRIS Completed:	Y	Ν	Ву:				Date:	
Clearance:	DENIED		Reason:					
	APPROV	'ED					Date:	
Type of Clearance:	All Acce	SS	Program O	nly	Visits Only	Co	ntractor Vend	lor ID
Notified of Clearance:	email	ph	ione n	nail	in person		Date:	
Completed By:					PIN	I:		

TEAM S

Please return this form and a copy of the required ID to facility staff sponsoring your program or to the Director of Rehabilitation, Monroe County Jail, 130 S. Plymouth Ave, Rochester, NY 14614



JB-077-2020