



# OFFICE OF THE SHERIFF

City of Colonial Heights

550 Boulevard  
P.O. Box 3401

Colonial Heights, Virginia 23834  
Email: sheriff@colonialheightsva.gov



**TODD B. WILSON**  
SHERIFF

Phone: 804 520-9352  
Fax: 804 520-9248

## Courthouse Security Clearance Form

### Personal Data

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
LAST FIRST MIDDLE MM/DD/YY

Social Security Number: \_\_\_\_\_ Race: \_\_\_\_\_ Sex: \_\_\_\_\_

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

### Employer Information

Employer: \_\_\_\_\_ Date Hired : \_\_\_\_\_  
MM/DD/YY

Employer's Address: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_

Supervisor's Name/ Title: \_\_\_\_\_

Submitted by: \_\_\_\_\_ Date Submitted: \_\_\_\_\_  
MM/DD/YY

**Once approved, this security clearance is valid for one year, and expires 12 months from the date submitted. You are required to reapply prior to the expiration date.**

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### *Sheriff's Office Use Only*

Received By: \_\_\_\_\_ Date Received : \_\_\_\_\_  
MM/DD/YY

VCIN/NCIC Check By: \_\_\_\_\_ Date Completed: \_\_\_\_\_  
MM/DD/YY

Approved By: \_\_\_\_\_ Date Approved : \_\_\_\_\_  
MM/DD/YY

Denied By: \_\_\_\_\_ Date Denied : \_\_\_\_\_  
MM/DD/YY

Employer Contacted: \_\_\_\_\_ Date Contacted : \_\_\_\_\_  
MM/DD/YY

VCIN/NCIC CRIMINAL HISTORY ATTACHED