**SANTA BARBARA COUNTY SHERIFF’S OFFICE REQUEST FOR CLEARANCE LETTER**

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| --- |
| Today’s Date:  Fee: $17.00 |
| Your Body No:  Receipt No:  |
| **APPLICANTS INFORMATION SHEET** |
| Full Name:  |
| Aka’s:  |
| Phone:  Other Phone #:  |
| Address:  City:  |
| State:  Zip:  |
| Place of Birth:  Date of Birth:  |
| Height:  Weight:  Hair:  Eyes : |
| Social Security No:  Driver’s License No:  |
| Spouse or Relative:  Relationship:  |
| To be picked up or mailed: |
| Notarized document: [ ]  Yes [ ]  No (An additional $10.00) |

***For immigration or passport purposes only!***