



Tarrant County Medical Examiner's Office Request for Security Check

Name (as it appears on Driver License): _____

Address: _____

City, State, Zip: _____

ID/Driver License Number: _____ State: _____

Date of Birth: ____/____/____ Place of Birth: _____

Height: _____ Weight: _____ Color Eyes: _____ Color Hair: _____

Gender: _____ Race: _____ Social Security Number: ____ - ____ - ____

Organization: _____

Address: _____

City, State, Zip: _____

Telephone including Area Code: _____ Fax: _____

Supervisor Name: _____

Reason for Request: _____

Have you ever been arrested for anything (including a traffic ticket)? Yes No

If yes, explain: (If more room is needed, use the back or another sheet.) _____

Signature of Requestor: _____ Date: _____

Approved by: _____ Date: _____

Incomplete requests will not be considered. False information will result in disapproval.

Information included herein will not be disclosed to third parties.

Administration Use Only

Approved: _____ Disapproved: _____

Comments: _____

Include a legible copy of your Driver License and Social Security card with this form upon return