

To Use Stanford University Department of Public Safety Forms

Please print the necessary form, complete all requested information and add any supporting documentation. Return it to Stanford University Department of Public Safety.

It may be returned:

By Email: police-records@lists.stanford.edu

By U.S. Mail to: Stanford University
Department of Public Safety
Records Unit
711 Serra Street
Stanford, CA 94305-7240
(Please allow time for mail delivery)

By Campus ID Mail to: Public Safety
Mail Code 7240
(Please allow time for mail delivery)

By Fax to: 650-725-8485

or By delivery in person: Public Safety Building
711 Serra Street
Stanford, CA 94305-7240

***If you have any questions call
the SUDPS Records Unit at 650-723-9633.***



Stanford University Department of Public Safety

711 Serra Street
Stanford, CA 94305-7240
650-723-9633

POLICE CLEARANCE APPLICATION

Allow five (5) Working days to process this request

Print ALL Information

| | |
|-------------|--------------------|
| Applicant: | Driv. Lic / State: |
| Birth Date: | Soc. Sec. #: |

| | | | | |
|------|---------|---------|-------|-------|
| Sex: | Height: | Weight: | Hair: | Eyes: |
|------|---------|---------|-------|-------|

| | | | | |
|-------------------------------|--------------------|------------------|--------------------|-------------------|
| Affiliation: <i>Check One</i> | Faculty - G | Staff - G | Student - G | Spouse - G |
|-------------------------------|--------------------|------------------|--------------------|-------------------|

Stanford Residence Addresses: (Not Post Office Boxes)

Residence Dates: To: From:

| | | |
|---|--|--|
| 1 | | |
| 2 | | |
| 3 | | |
| 4 | | |

Return by: *Check One*:

Will Call - **G**

Mail - **G**

Number of Copies Needed:

Mailing Address: (If Needed)

Local Telephone #:

| | |
|----------------------|-------|
| Name / Street / Apt. | () - |
| City/State/ZIP | |

DECLARATION OF APPLICANT:

I hereby certify that there are no willful misrepresentations, omissions or falsifications in the foregoing statements and answers to questions.

Signature of Applicant:

Date:

Time:

Before this form will be processed, positive identification must be provided.

If you are mailing or faxing this request to SUDPS you must also send a copy of a governmental issued photographic identification card.

| | | | | | |
|--------------------------|---------|-------------------|----------------------|------------------------|-------------------------|
| Identification Provided: | Number: | Ca DL G | Passport G | Student ID G | Other G _____ |
|--------------------------|---------|-------------------|----------------------|------------------------|-------------------------|

| | |
|--------------|------|
| Received By: | ID#: |
|--------------|------|

Results of Records Check:

| | | | |
|------------------|---------|------|--------|
| Checks Completed | SR Log: | MNI: | Other: |
| Completed by: | ID# | Date | Time |