



**GATE CLEARANCE FORM**

Name: \_\_\_\_\_  
Last First Middle

Alias: \_\_\_\_\_  
Last First Middle

Sex: \_\_\_\_\_ Race: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Birth Place: \_\_\_\_\_

Hair: \_\_\_\_\_ Eyes: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Driver's License/I.D. Card #: \_\_\_\_\_ State: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Frequency of Visit:

One Time Only: \_\_\_\_\_ Tour: \_\_\_\_\_ Daily: \_\_\_\_\_ Weekly: \_\_\_\_\_ Monthly: \_\_\_\_\_ Quarterly: \_\_\_\_\_

Prior Clearance: Yes: \_\_\_\_\_ No: \_\_\_\_\_ Date of Last Clearance: \_\_\_\_\_

Organization/Company: **AMERICAN CORRECTIONAL SOLUTIONS**

Equipment: \_\_\_\_\_

Vehicle License Plate #: \_\_\_\_\_ State: \_\_\_\_\_

Escort (Inst. Staff Only): \_\_\_\_\_ Extension: \_\_\_\_\_

Purpose of Visit: \_\_\_\_\_

\_\_\_\_\_  
Signature, Contractor

\_\_\_\_\_  
Date

*For Facility Use Only*

This Approval Good From: \_\_\_\_\_ To: \_\_\_\_\_

\_\_\_\_\_  
Signature, Facility Staff

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature, Clets Operator

\_\_\_\_\_  
Date