

Today's Date: _____

San Francisco Narcotics Anonymous Jail Clearance Information

Name: (as stated on Drivers License)

Address: (Current Residence)

CDL: (Driver's License Number)

DOB: (Date of Birth) _____

SS: (Social Security Number) _____

Phone: (Contact phone number) _____

Race: (Ethnic Description) _____

Gender: (must be legally accurate) _____

Height: _____

Weight: _____

Eye - Color: _____

Facility: (Which Jail Requesting Clearance)
