

**DRESS CODE**  
**EFFECTIVE IMMEDIATELY**

ALLOWED CLOTHING FOR VISITORS, INCLUDING CHILDREN:

JEANS	ANY COLOR
SKIRTS/SHORTS	NO HIGHER THAN 2 INCHES ABOVE MID-KNEECAP
SLIT SKIRTS / SLIT DRESSES	LENGTH AND SLIT NO HIGHER THAN 2 INCHES ABOVE MID-KNEECAP
DRESSES / JUMPERS	NO LOW CUT NECKLINES, NO HIGHER THAN 2 IN ABOVE MID-KNEECAP
T-SHIRTS	NO LOW CUT NECKLINES
SWEATSHIRTS "HOODIES"	NOT ALLOWED
SWEATERS	NO LOW CUT NECKLINES

SHOES AND UNDERGARMENTS MUST BE WORN AT ALL TIMES

SPECIFIC CLOTHING NOT ALLOWED FOR VISITORS, INCLUDING CHILDREN:

- NO HALTER TOPS / HALTER TOP DRESSES
- NO WRAP-AROUND SKIRTS / WRAP-AROUND SHIRTS
- NO TUBE TOPS
- NO TANK TOPS
- NO CLOTHING THAT EXPOSES SKIN (E.G., CHEST, BACK, THIGHS, OR MIDSECTION)
- NO SEE-THROUGH CLOTHING, INCLUDING SHEER AND LOOSE WEAVE FABRICS
- NO INSIGNIAS OR PARAPHERNALIA ASSOCIATED WITH STREET GANGS

HATS ARE NOT ALLOWED

ACCOMMODATIONS MAY BE MADE ON CASE-BY-CASE BASIS FOR RELIGIOUS HEADGEAR CONSISTENT WITH ESTABLISHED SECURITY PRACTICES.

IT SHALL BE WITHIN THE DISCRETIONARY AUTHORITY OF THE CARBON COUNTY CORRECTIONAL FACILITY TO DETERMINE THE APPROPRIATENESS FOR VISITATION PURPOSES, OF ANY ATTIRE NOT SPECIFICALLY PROHIBITED BY POLICY.

# CCCF CLEARANCE CHECK INFORMATION REQUEST

Please print the following information legibly. Enter N/A in any space that does not apply. All information will be maintained confidentially, but must be provided in order to complete a clearance check. Falsification or omission of pertinent information will be considered as justification for disapproval. It is the responsibility of the requestor to initiate renewal of all clearances. Applicant shall submit this request form to the facility. Use additional sheets if necessary.

**Category: (check one)**

- Contract service provider (Medical, Mental Health, Therapeutic or Contract Chaplaincy)
- Volunteer Program
- Public Visitor (Ministry)
- Public Visitor (Government)
- Public Visitor (Criminal Justice Agency)
- Official Visitor (PA Prison Society)
- Official Visitor (Government)
- Organization
- Intern/Extern
- Reentry Services
- Other (identify) \_\_\_\_\_

Initial clearance request: ( )

Renewal request: ( )

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

Organization/Agency/Company/Program Name: \_\_\_\_\_ Abbreviation if applicable(\_\_\_\_\_)

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Complete Middle Name \_\_\_\_\_

List all previously used names: \_\_\_\_\_

Date of Birth: \_\_\_/\_\_\_/\_\_\_ Social Security Number: \_\_\_\_\_

Sex \_\_\_\_\_ Race (circle) W B I A Height \_\_\_\_\_ ft \_\_\_\_\_ in Weight \_\_\_\_\_ lbs Eye Color \_\_\_\_\_ Hair Color \_\_\_\_\_

Current Address: \_\_\_\_\_, City \_\_\_\_\_, State \_\_\_\_\_, Zip Code \_\_\_\_\_

Prior Address: \_\_\_\_\_, City \_\_\_\_\_, State \_\_\_\_\_, Zip Code \_\_\_\_\_

Place of Birth \_\_\_\_\_, Email Address \_\_\_\_\_@\_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Alternate Phone: ( ) \_\_\_\_\_

Current Driver's License Info: State \_\_\_\_\_ ( ) Operator ( ) ID only License Operator/ID only # \_\_\_\_\_ Valid: Yes ( ) No ( )

Previous Licenses (list all states & #'s that apply) State \_\_\_\_\_ Operator/ID only number \_\_\_\_\_

I confirm that all information contained on this clearance request has been verified by me to be complete and accurate. I also agree to abide by all Facility rules and assume all risks which may result from the normal operation of a Correctional Facility.

Applicant Signature \_\_\_\_\_

Date \_\_\_\_\_

