

UNITED STATES DISTRICT COURT
CENTRAL DISTRICT OF CALIFORNIA

PRESS PASS APPLICATION

Name: _____

Current Home Address: _____

Work Telephone Number: _____

Date of Birth: _____

Social Security Number: _____

Driver's License Number: _____

Prior Names: _____

Employed By: _____

I agree to a background investigation prior to being issued a Press Pass. I further agree to surrender my Press Pass to the Clerk of Court upon change of employment.

Date

Sign

PLEASE RETURN THIS FORM VIA FASIMILE TO (213) 894-4422 WITH A COPY OF YOUR DRIVER'S LICENSE AND YOUR PRESS CREDENTIAL(S).