

REQUEST FOR CRIMINAL RECORD CHECK

FACILITY NUMBER _____
OFFICE USE ONLY

PLEASE PRINT CLEARLY OR TYPE

NAME (LAST, FIRST, M.I.) _____

(MAIDEN/ALIAS) _____ DATE OF BIRTH _____

SOCIAL SECURITY No. _____ SEX: MALE FEMALE

ADDRESS _____

I AUTHORIZE THE RELEASE OF ANY CRIMINAL HISTORY RECORD INFORMATION TO THE REQUESTOR.
SIGNATURE (OPTIONAL) _____

SEND REPLY TO:

FACILITY _____

STREET ADDRESS _____

CITY, STATE, AND ZIP _____

TELEPHONE NUMBER (INCLUDING AREA CODE) _____

FAX: _____

EMAIL ADDRESS _____

(THIS IS THE ADDRESS CBC WILL BE SCANNED AND EMAILED TO)

CRIMINAL RECORD CHECKS CANNOT BE PROCESSED WITHOUT THE FOLLOWING INFORMATION CLEARLY PRINTED!

NAME

DATE OF BIRTH

SOCIAL SECURITY NUMBER