

REQUEST FOR CRIMINAL HISTORY RECORD INFORMATION

from
 Regional Police Records Center
 Bloomsburg Police Department
 301 E. 2nd Street, Bloomsburg, PA 17815

DATE OF REQUEST

PART I (IDENTIFICATION DATA)

(Completed by Requester)

SEE REVERSE SIDE

PLEASE PRINT OR TYPE

NAME (Last)	(First)	(Middle)	SOCIAL SECURITY NUMBER	
ALIASES		DOB	SEX	RACE
REQUESTER IDENTIFICATION <input type="checkbox"/> CRIMINAL JUSTICE AGENCY <input type="checkbox"/> INDIVIDUAL ACCESS AND REVIEW <input type="checkbox"/> NONCRIMINAL JUSTICE AGENCY/INDIVIDUAL <input type="checkbox"/> OTHER (Specify) _____				
REASON FOR REQUEST <input type="checkbox"/> CRIMINAL INVESTIGATION <input type="checkbox"/> NEWS MEDIA <input type="checkbox"/> CRIMINAL JUSTICE EMPLOYMENT <input type="checkbox"/> NONCRIMINAL JUSTICE EMPLOYMENT <input type="checkbox"/> PROBATION/PAROLE USE <input type="checkbox"/> OTHER (Specify) _____ <input type="checkbox"/> ACCESS AND REVIEW				

PART II (CRIMINAL JUSTICE AGENCY REQUEST ONLY)

INFORMATION REQUESTED	<input type="checkbox"/> RAP SHEET	<input type="checkbox"/> FINGERPRINTS	<input type="checkbox"/> OTHER (Specify) _____
	<input type="checkbox"/> RAP SHEET DATA	<input type="checkbox"/> PHOTO	

PART III (Bloomsburg Police Only)

RECORD <input type="checkbox"/> YES <input type="checkbox"/> NO	FEE _____
DATE _____	
INFORMATION <input type="checkbox"/> NO RECORD <input type="checkbox"/> RAP SHEET DATA <input type="checkbox"/> PHOTO <input type="checkbox"/> RAP SHEET <input type="checkbox"/> FINGERPRINTS <input type="checkbox"/> OTHER	
FURNISHED BY <input type="checkbox"/> IN - PERSON <input type="checkbox"/> CORRESPONDENCE <input type="checkbox"/> PHONE <input type="checkbox"/> OTHER	NAME _____

PART IV (COMPLETED BY REQUESTER)

<input type="checkbox"/> CRIMINAL JUSTICE AGENCY - FEE EXEMPT <input type="checkbox"/> INDIVIDUAL/NONCRIMINAL JUSTICE AGENCY - FEE ENCLOSED
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PLEASE PRINT OR TYPE

NAME: _____

ADDRESS: _____

ZIP CODE

see reverse side

**INSTRUCTIONS FOR COMPLETION OF REQUEST FOR
CRIMINAL HISTORY RECORD INFORMATION**

PARTS I AND IV

PARTS I AND IV ARE TO BE COMPLETED, IN WHOLE, BY THE REQUESTER ON EACH AND EVERY INDIVIDUAL THEY DESIRE TO HAVE CRIMINAL HISTORY RECORD INFORMATION ON.

PART II

PART II SHALL BE COMPLETED BY A CRIMINAL JUSTICE AGENCY THAT REQUESTS CRIMINAL HISTORY RECORD INFORMATION ON AN INDIVIDUAL.

PART III

PART III SHALL BE COMPLETED BY A DESIGNATED EMPLOYEE OR OFFICER OF THE BLOOMSBURG TOWN POLICE.

THE CRIMINAL HISTORY INFORMATION IS TAKEN FROM THE FILES OF THE REGIONAL POLICE RECORDS CENTER AND ARE COMPILED ACCORDING TO INFORMATION SUPPLIED BY THE POLICE DEPARTMENTS THIS CENTER REPRESENTS.

WARNING: THE CRIMINAL HISTORY INFORMATION THAT YOU ARE NOW REQUESTING IS "ONLY" THAT INFORMATION CONTAINED IN OUR FILE ALONG WITH THE DATE OF LAST ENTRY. AN UP TO DATE "STATEWIDE" CRIMINAL HISTORY RECORD MAY BE OBTAINED FROM THE PENNSYLVANIA STATE POLICE CENTRAL RESPOSITORY.