



REQUEST FOR CRIMINAL RECORD CHECK

PLEASE PRINT OR TYPE.

GENERAL INFORMATION

NAME LAST FIRST MIDDLE JR / SR

MAIDEN / ALIAS LAST FIRST MIDDLE JR / SR

SEX [] MALE [] FEMALE DATE OF BIRTH (MM/DD/YYYY) SOCIAL SECURITY NUMBER RACE [] BLACK [] WHITE [] INDIAN [] ASIAN [] OTHER

ADDRESS STREET - P.O. BOX CITY STATE ZIP CODE

ENTITY TYPE [] STATE [] FEDERAL PURPOSE FOR REQUEST [] EMPLOYMENT [] VOLUNTEER [] LICENSING [] OTHER (specify)

TYPE OF RECORD CHECK - PROCESSING FEE - METHOD OF PAYMENT

(per Sections 43.527 and 43.530, RSMo.)

- [] \$9.00 NAME SEARCH Based on NAME, DATE OF BIRTH, AND SOCIAL SECURITY NUMBER. Response will be returned with all open records and records of conviction. [] \$20.00 FINGERPRINT SEARCH Based on APPLICANT FINGERPRINT CARD. Response will be returned with complete records to the individual or qualifying entity.

Fee is payable either by check or money order (NO CASH) to "State of Missouri, Criminal Record System Fund."

MSHP / CENTRAL REPOSITORY RESPONSE



FORWARD TO - SEND REPLY TO

Please forward the request and fee to: Missouri State Highway Patrol Criminal Records and Identification Division Post Office Box 9500 Jefferson City, MO 65102

SEND REPLY TO (Print or type your mailing label below.)

Telephone (include area code) _____

Empty rectangular boxes for mailing label information.