

## STATE OF CONNECTICUT DEPARTMENT OF PUBLIC SAFETY DIVISION OF STATE POLICE BUREAU OF IDENTIFICATION



## STATE OF CONNECTICUT CRIMINAL HISTORY RECORD REQUEST FORM

(PLEASE TYPE OR PRINT CLEARLY)

<ul><li>Check Type of Backgrou</li><li>( ) Conn. Only record by</li><li>( ) Conn. Only record by</li></ul>	/ Name/Date	of Birth sea			
Name of Requester:			Date:		
Requesters Address:					
City:State:Zip:_		Zip:	Phone Number:		
3. Enclose a \$50. dollar	kground is ro Check or Mo more than o ested.	equired sub oney Order ne name pl	omit a Fingerprint payable to: " <i>D P</i> ease submit <u>one c</u>	card along with this form. S " check totaling \$50. dollars ublic Safety fication ub Road	
Subject's Last Name	First		(Middle)	/	
List any alias or maiden name	es and dates o	f births used:			

THE RESULT OF THIS SEARCH IS BASED ON NAME AND DATE OF BIRTH OR FINGERPRINT CARD SUBMISSION AND CONTAINS STATE OF CONNECTICUT CRIMINAL HISTORY RECORD INFORMATION ONLY. PLEASE BE ADVISED THAT THE INFORMATION YOU ARE PROVIDED IS ONLY CURRENT AS OF THE DATE THE DATA IS EXTRACTED FROM THE COMPUTERIZED CRIMINAL HISTORY RECORD SYSTEM OF THE DEPARTMENT OF PUBLIC SAFETY. THE DEPARTMENT OF PUBLIC SAFETY AND THE STATE OF CONNECTICUT ARE NOT RESPONSIBLE FOR ANY ERRORS OR OMMISSIONS RESULTING FROM SUBSEQUENT DISSEMINATION OF THIS DATA. THE SUBJECT AND/OR REQUESTER ASSUME ALL LIABILITY IN THE USE OF DATA OBTAINED FROM THIS DATABASE.

\*A COPY OR FACSIMILE OF THIS FORM CAN BE USED.

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