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REQUEST FOR RELEASE – FBI RAP SHEET

*Individual Requesting RAP Sheet:

Name: _____

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Reason Fingerprinted: _____

*This form can only be used if you have received the FBI May Not Meet Letter

Mail Results To:

Name: _____
(must be same as above)

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City: _____ State: _____

Zip Code: _____ Telephone # _____

Applicants Signature: _____ Date: _____
(required)

Please fax completed form to 740.845.2633 Attn: FBI Release Desk or mail to:
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FBI Release Desk
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