



## **REQUEST FOR RELEASE – FBI RAP SHEET**

*Individual Requesting RAP Sheet:	
Name:	
SSN: DOB:	
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)	
Home Address:	
City: State:	
Zip Code: Telephone #	
Applicants Signature:(required)	Date:
Please fax completed form to 740.845.2633 Ohio BCI&I FBI Release Desk	Attn: FBI Release Desk or mail to:
PO Box 365 London, Ohio 43140	