

Criminal History Record Request Form

Date:			
This request is on: (check one)	<input type="checkbox"/> Yourself	<input type="checkbox"/> Someone Else	
Person of Interest			
Name (Last, First, MI):			
ALIAS / AKA: List any other names used: maiden, married, adopted, nicknames, short names, etc.			
SSN:	<i>This request will not be denied for refusal to provide a social security number, but the criminal history check <u>may take longer without the number</u>, which will be used only for the purpose of confirming identity during the criminal history check.</i>		
DOB:		Sex	Race
Current Address:			
City, State, Zip:			
Fax #: (If results should be faxed)			
Individual Or Agency (Only if different than above)			
Agency:			
Individual Requesting Data:			
Mailing Address:			
City, State, Zip:			
Fax #: (If results should be faxed)			

Signature of Requester (Individual or Agency)

You can either mail your request or come in person to:

Nebraska State Patrol
Criminal Identification Division
3800 NW 12th Street – Suite A
Lincoln, NE 68521

There is a \$15.00 fee for this service. This fee is accepted as cash, cashier's check, personal check or money order. Make checks payable to Nebraska State Patrol. If mailing a request for a criminal history on yourself or you as the requester require activity excluded by §29-3523, you may need to have this request form notarized. See §29-3523 for more information. If needed, notary acknowledgment is below.

Note: All convictions are released without notarization.

I consent to the disclosure and copying of any Record of Arrest of Prosecution to the above listed persons.

State of _____)
County of _____)

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Signature of Person of Interest

Subscribed and sworn to before me this ____ day of _____, _____.

Notary Public