

REQUEST FOR CRIMINAL HISTORY RECORD INFORMATION FOR A NONCRIMINAL JUSTICE PURPOSE

(TYPE OR PRINT ALL INFORMATION)

COMPLETE NAME AND ADDRESS OF REQUESTING AGENCY

Dept. of Children & Families Central Fingerprint Unit P.O. Box 700 Trenton, N.J. 08625-0700	ASSIGNED IDENTIFIER (ORI Number) NJ920690Z
REQUESTING AGENCY USE ONLY	

NAME (Including Maiden Name) <hr/> (Last Name) (Maiden Name) (First Name) (Middle)	SBI NUMBER (If Known)
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ADDRESS <hr/> (Number) (Street) (City) (State)	FBI NUMBER (If Known)
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DOB <hr/> (Month) (Day) (Year)	SEX	RACE	SOCIAL SECURITY NUMBER
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SAMPLE

I certify that I am authorized to receive Criminal History Record Information pursuant to a Federal or State Statute, Rule or Regulation, Executive Order, Administrative Code Provision, Local Ordinance, or Resolution. I understand that the Criminal History Record Information received shall not be disseminated to persons unauthorized to receive the information.

(Enter the appropriate Statute, Rule or Regulation, Executive Order, Administrative Code, Local Ordinance, or Resolution.)

Type or Print Name of Authorized Person Making Request	Signature of Authorized Person Making Request
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AUTHORIZATION BY SUBJECT OF REQUEST AND PRIVACY ACT NOTIFICATION

Supervisor, State Bureau of Identification Section:

I hereby authorize the release of any Criminal History Record Information maintained by your agency, meeting dissemination criteria, for the above stated Noncriminal Justice Purpose to _____
 (Insert name of agency you authorize to receive this information.)

Pursuant to the Privacy Act of 1974 (P.L. 93-579), I realize that disclosure of my social security number is voluntary. I also realize my social security number will be used by the State Bureau of Identification Section for the purpose of facilitating the security check authorized by the above referenced authority. Any information released as a result of this authorization, including the furnishing of my social security number, shall be used only for the express purpose of processing the above indicated application.

Signature of Applicant	Date
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