

**REQUEST FOR CRIMINAL HISTORY RECORDS
MAINTAINED BY THE INDEPENDENCE MO POLICE DEPARTMENT
ONLY INDEPENDENCE RECORDS**

SUBMIT THIS FORM WITH YOUR PICTURE ID AND \$5.00

SUBJECT NAME _____
Last Name First Name Middle Initial

MAIDEN NAME OR ALAIS _____

RACE ___ **SEX** ___ **DATE OF BIRTH** _____ **SOCIAL SECURITY#** _____

FULL ADDRESS _____

.....
(MARK ONE)

___ **CRIMINAL JUSTICE AGENCY** ___ **NON-CRIMINAL JUSTICE AGENCY
INDIVIDUAL OR ORGANIZATION**

REQUESTORS NAME _____

REQUESTORS ADDRESS _____

REQUESTORS PHONE _____

.....
PURPOSE OF REQUEST

(MARK ONE)

___ **NON-CRIMINAL JUSTICE EMPLOYMENT** ___ **CRIMINAL JUSTICE EMPLOYMENT**

___ **HOUSING** ___ **CONTRACTED SERVICES FOR POLICE DEPARTMENT OR CITY**

___ **CITIZEN RIDE ALONG** ___ **RESEARCH OR STATISTICAL STUDY**

___ **INDIVIDUAL RIGHT OF ACCESS FOR REVIEW**

THIS WILL SHOW BOTH OPEN AND CLOSED RECORDS. CLOSED RECORDS NEED NOT BE REVEALED TO ANY OTHER PERSON. I REQUEST TO SEE MY RECORDS FOR THE PURPOSE OF REVIEW AND/OR TO CHALLENGE THE ACCURACY OF THE RECORD.

SIGNATURE _____ **DATE** _____

REQUEST PROCESSED BY _____ **PID** _____