

STATE OF MISSOURI
MISSOURI STATE HIGHWAY PATROL
1510 East Elm Street
Jefferson City, MO
(573) 526-6153

REQUEST FOR CRIMINAL RECORD CHECK

Reference No. _____
(office use only)

Please print or type

Name (last, first, middle) _____

(maiden/alias) _____ Date of Birth _____

Sex: male female Social Security No. _____

Address _____

I authorize the release of any criminal history record information to the requestor.

Signature (optional) _____

It is the responsibility of the requestor to inform the Central Repository of the records that are desired and to provide the information necessary to conduct the appropriate search.

PURPOSE

Licensing : Other (specify) _____

SEND REPLY TO

PROCESSING FEE SCHEDULE AND METHOD OF PAYMENT

(per sections 43.527 and -530, RSMo.)

Search based on NAME, DATE OF BIRTH, SOCIAL SECURITY NO.: \$5.00 per individual

Fee is payable either by check, warrant, or money order to State of Missouri, Criminal Record System. @ Please forward the request and fee to:

Missouri State Highway Patrol
Criminal Records and Identification Division
Post Office Box 9500
Jefferson City, MO 65102