

**KUTZTOWN BOROUGH POLICE DEPARTMENT  
REQUEST FOR CRIMINAL HISTORY RECORD INFORMATION**

FOR REPOSITORY USE  
ONLY

TYPE OF PRINT ONLY

**PART I - TO BE COMPLETED BY REQUESTOR**

REQUEST DATE:	SUBJECT'S NAME (Last, First, Middle):
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MAIDEN NAME AND/OR ALIASES:	SOCIAL SECURITY NUMBER:	DATE OF BIRTH:	RACE:	SEX:
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REQUESTOR TYPE:

CRIMINAL JUSTICE AGENCY—FEE EXEMPT	BIG BROTHERS/SISTERS OF AMERICA—FEE EXEMPT
NON-CRIMINAL JUSTICE AGENCY—FEE EXEMPT	COUNTY CHILDREN AND YOUTH—FEE EXEMPT
INDIVIDUAL—NON-CRIMINAL JUSTICE AGENCY—\$10.00 FEE ENCLOSED	

REASON FOR REQUEST:

CRIMINAL INVESTIGATION	INDIVIDUAL ACCESS AND REVIEW
CRIMINAL JUSTICE EMPLOYMENT*	NONCRIMINAL JUSTICE EMPLOYMENT*
COURT REQUEST—PRIOR ARD	OTHER (specify): _____

**\*ALL REQUESTS BASED ON CRIMINAL OR NON-CRIMINAL JUSTICE EMPLOYMENT MUST BE ACCOMPANIED WITH A LIABILITY RELEASE SIGNED BY THE SUBJECT OF THE REQUEST**

**PART II - TO BE COMPLETED BY CRIMINAL JUSTICE AGENCIES ONLY**

INFORMATION REQUESTED:	SID NUMBER:
RAP SHEET                      PHOTOGRAPH                      FINGERPRINTS	
OTHER: _____	OTN/OCA NO.:

**PART III - FOR REPOSITORY USE (Leave blank)**

INFORMATION DISSEMINATED:	SID NUMBER:	OTN/OCA NO:
NO RECORD/NO RECORD THAT MEETS CRITERIA		
RAP SHEET                      PHOTOGRAPH                      FINGERPRINTS		
OTHER: _____	INQUIRY BY:	DISSEM BY:

THE INFORMATION FURNISHED BY THE REPOSITORY IS SOLELY BASED ON THE FOLLOWING IDENTIFIERS THAT MATCH THOSE FURNISHED BY THE REQUESTOR:

SID NO	BIRTH DATE	RACE	SEX
OTN/OCA NO.	MAIDEN NAME	NAME	
SOCIAL SECURITY NO.	ALIAS	OTHER: _____	

RESPONSE BASED ON COMPARISON OF REQUESTOR FURNISHED INFORMATION AGAINST A NAME INDEX CONTAINED IN THE FILES OF THE KUTZTOWN BOROUGH POLICE DEPARTMENT REPOSITORY ONLY, AND DOES NOT PRECLUDE THE EXISTENCE OF OTHER CRIMINAL HISTORY RECORDS WHICH MAY BE CONTAINED IN THE REPOSITORIES OF OTHER LOCAL, STATE OR FEDERAL CRIMINAL JUSTICE AGENCIES. THE KUTZTOWN BOROUGH POLICE DEPARTMENT DOES NOT RELEASE RECORDS OF JUVENILE ARRESTS OR SUMMARY TRAFFIC VIOLATIONS.

REQUESTOR AGENCY AND ADDRESS:	TELEPHONE:
	FAX :

REQUESTOR NAME (Printed or Typed):	REQUESTOR SIGNATURE:
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