NEW JERSEY STATE POLICE, STATE BUREAU OF IDENTIFICATION **REQUEST FOR CRIMINAL HISTORY RECORD INFORMATION**

Complete address of Requesting Agency

ORI Number

Please conduct a name search of your files and forward a copy of any Criminal History Record Information you have regarding the following individual:

following individual:		
(Last Name)	(First Name)	(Middle)
Address		
Date of Birth	SS#	Male or Female
Check appropriate box	to indicate the purpose of the requ	est and complete all other required information
Criminal Justic	e Purpose (Code C) Security check	k authorization waiver <u>not required</u> .
identification B	I Record Check (If this request is ureau Files, check this box, fill in t known) and submit this form in d	
Block Parent/Helping H	and Type Program (Security chec	k authorization <u>is required)</u>
	mployment/Licensing Purpose (Co Ion-Criminal Justice Employment/	
State or Federa	l Statute Rule or Regulation or Ex	xecutive Order
Enter the appro	opriate Statute Citation, Rule or R	Regulation or Executive Order Number
Local Ordinan	ce (Security check authorization is	s required)
Type or print name of p	erson making request	Signature of person making request
	SECURITY CHECK AUTHOR	
Supervisor, State Burea	u of Identification	•
Parent/Helping Hand T History Record Informa Laurel Township Depar	ype Program. For the purpose of tation maintained by your agency, a	ce employment, licensing or as a volunteer participant in a Block, this application. I hereby authorize the release of any Criminal meeting dissemination criteria for the stated purpose to the Mouninformation released as a result of this authorization shall be used application
	Signature of Ap	oplicant

Date