**[COMPANY NAME]**  
Record Check Request Form

* [Select Date]

|  |  |  |  |
| --- | --- | --- | --- |
| TO: | [Company Name] [Client Name] | FROM: | Requestor's Full Name or Organization) |
| [Address] | Requestor's Point of Contact and title |
| [Address] | Requestor's Mailing Address |
| [Contact Details] | City, State or Country and Zip |
| [Email] | Requestor's Phone Number |
| [Telephone] [Other] |  |

A criminal history record check of the [AGENCY/INDIVIDUAL NAME HERE] is requested for the following individual. The Full **Name** and **Date of Birth** are mandatory:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| FULL NAME: | [Last Name] [First Name] [Middle Name] | | | |
| DATE OF BIRTH |  | | PLACE OF BIRTH: |  |
| SEX: |  | | RACE: |  |
| SOCIAL SECURITY NUMBER | |  | | |
|  |  | |  |  |
|  |  | |  |  |

Purpose for the criminal history record check [Please be Specific]

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Mailing address for the results of the record check, if different from the "From" address, above:

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|  |

Dissemination of criminal history information is governed by statutes, laws and regulations. The Requestor will comply with and be subject to the provisions of both State and Federal law regulations.

Requestor agrees to limit disclosure of the information received to personnel who have a clear, distinct "need to know," and ensure that the information is used only for the purpose for which provided.

[THE COMPANY] has the right to demand return of all information provided to the Requestor when any rule, policy, procedure, regulation or law described in this request is violated or appears to be violated or for non-payment of any service.

I have read and understand my responsibilities when receiving record check information from the [AUTHORITY], and I agree to safeguard and properly use all information I receive.

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|  |  |  |  |
| Signature of Requestor |  |  | [Select Date] |  |