

Lawrence County Department of Public Safety

Employee Handbook



Policy # : FRM-022
Operating Procedures : Criminal History Request Form
Subject : CLEAN/NCIC/CJIS Forms
Effective : 30-January-2015
Revised : 22-October-2019

REQUEST FOR CRIMINAL HISTORY

REQUESTOR INFORMATION (PRINT)		
*DATE:	*TIME:	
*INDIVIDUAL REQUESTING:	*BADGE #:	
*DEPARTMENT/AGENCY:	*AGENCY ORI:	
*INCIDENT/CAD #:	*REASON:	
SEARCH CRITERIA (PRINT)		
*LAST NAME:	*FIRST NAME:	MIDDLE NAME:
*DATE OF BIRTH:	*SEX:	*RACE:
*SOCIAL SECURITY #:	*OLN #:	*STATE:
L.K.A.:		
SID:	FBI:	
COMPLETED BY THE LAWRENCE COUNTY E-911		
COMPLETED BY:	ID #:	
DATE:	TIME:	
HISTORY EXIST:	<input type="checkbox"/> YES <input type="checkbox"/> NO	

*REQUESTOR'S SIGNATURE _____

*Required Field