

**REQUEST FOR CRIMINAL HISTORY RECORD INFORMATION**

from  
Regional Police Records Center  
Bloomsburg Police Department  
301 E. 2nd Street, Bloomsburg, PA 17815

**PART I (IDENTIFICATION DATA)**  
(Completed by Requester)

DATE OF REQUEST \_\_\_\_\_

SEE REVERSE SIDE

PLEASE PRINT OR TYPE

NAME (Last) _____ (First) _____ (Middle) _____			SOCIAL SECURITY NUMBER _____	
ALIASES _____		DOB _____	SEX _____	RACE _____
REQUESTER IDENTIFICATION	<input type="checkbox"/> CRIMINAL INVESTIGATION	<input type="checkbox"/> INDIVIDUAL ACCESS AND REVIEW		
	<input type="checkbox"/> NONCRIMINAL JUSTICE AGENCY / INDIVIDUAL	<input type="checkbox"/> OTHER (Specify) _____		
REASON FOR REQUEST	<input type="checkbox"/> CRIMINAL INVESTIGATION	<input type="checkbox"/> NEWS MEDIA		
	<input type="checkbox"/> CRIMINAL JUSTICE EMPLOYMENT	<input type="checkbox"/> NONCRIMINAL JUSTICE EMPLOYMENT		
	<input type="checkbox"/> PROBATION / PAROLE USE	<input type="checkbox"/> OTHER (Specify) _____		
	<input type="checkbox"/> ACCESS AND REVIEW			

**PART II (CRIMINAL JUSTICE AGENCY REQUEST ONLY)**

INFORMATION REQUESTED	<input type="checkbox"/> RAP SHEET	<input type="checkbox"/> FINGERPRINTS	<input type="checkbox"/> OTHER (Specify) _____
	<input type="checkbox"/> RAP SHEET DATA	<input type="checkbox"/> PHOTO	

**PART III (Bloomsburg Police Only)**

RECORD <input type="checkbox"/> YES	DATE _____			FEE _____
<input type="checkbox"/> NO	<input type="checkbox"/> NO RECORD	<input type="checkbox"/> RAP SHEET DATA	<input type="checkbox"/> PHOTO	
	<input type="checkbox"/> RAP SHEET	<input type="checkbox"/> FINGERPRINTS	<input type="checkbox"/> OTHER	
FURNISHED BY	<input type="checkbox"/> IN-PERSON	<input type="checkbox"/> CORRESPONDENCE	NAME _____	
	<input type="checkbox"/> PHONE	<input type="checkbox"/> OTHER		

**PART IV (COMPLETED BY REQUESTER)**

<input type="checkbox"/> CRIMINAL JUSTICE AGENCY – FEE EXEMPT
<input type="checkbox"/> INDIVIDUAL / NONCRIMINAL JUSTICE AGENCY – FEE ENCLOSED

PLEASE PRINT OR TYPE

NAME: \_\_\_\_\_

PHONE: (home) \_\_\_\_\_

ADDRESS: \_\_\_\_\_

(cell) \_\_\_\_\_

\_\_\_\_\_ ZIP CODE \_\_\_\_\_

see reverse side

**INSTRUCTIONS FOR COMPLETION OF REQUEST FOR  
CRIMINAL HISTORY RECORD INFORMATION**

(Complete in Duplicate)

**PARTS I AND IV**

PARTS I AND IV ARE TO BE COMPLETED, IN WHOLE, BY THE REQUESTER ON EACH AND EVERY INDIVIDUAL THEY DESIRE TO HAVE CRIMINAL HISTORY RECORD INFORMATION ON. AFTER COMPLETION, BOTH COPIES OF THE **REQUEST FOR CRIMINAL HISTORY RECORD INFORMATION** FROM SHALL BE FORWARDED TO THE BLOOMSBURG POLICE DEP'T. RECORDS OFFICER. NONCRIMINAL JUSTICE AGENCIES AND INDIVIDUALS SHALL INCLUDE A CHECK OR MONEY ORDER IN THE AMOUNT OF \$10.00 PAYABLE TO "TOWN OF BLOOMSBURG P.D. RECORDS DIV." FOR EACH REQUEST.

**\* NOTE: Noncriminal Justice Agencies and individuals shall only receive a copy of the "rap sheet", if any.**

**PART II**

PART II SHALL BE COMPLETED BY A CRIMINAL JUSTICE AGENCY THAT REQUESTS CRIMINAL HISTORY RECORD INFORMATION ON AN INDIVIDUAL.

**PART III**

PART III SHALL BE COMPLETED BY A DESIGNATED EMPLOYEE OR OFFICER OF THE BLOOMSBURG TOWN POLICE.

THE CRIMINAL HISTORY INFORMATION IS TAKEN FROM THE FILES OF THE REGIONAL POLICE RECORDS CENTER AND ARE COMPILED ACCORDING TO INFORMATION SUPPLIED BY THE POLICE DEPARTMENTS THIS CENTER REPRESENTS.

**WARNING:** THE CRIMINAL HISTORY INFORMATION THAT YOU ARE NOW REQUESTING IS "ONLY" THAT INFORMATION CONTAINED IN OUR FILE ALONG WITH THE DATE OF LAST ENTRY. AN UP TO DATE "**STATEWIDE**" **CRIMINAL HISTORY** RECORD MAY BE OBTAINED FROM THE PENNSYLVANIA STATE POLICE CENTRAL REPOSITORY.