

REQUEST FOR CRIMINAL HISTORY RECORD INFORMATION
from
Bloomsburg Police Department
119 East 7th Street, Bloomsburg, PA 17815
Phone: 570-317-2846 Fax: 570-317-2408

SEE PAGE 2 FOR INSTRUCTIONS

PART 1
(Completed by Requester)

Date of Request

<p>REQUESTER INFORMATION</p> <p>Name: _____</p> <p>Department: _____</p> <p>Phone Number: _____</p> <p>Fax Number: _____</p> <p>Email: _____</p> <p><input type="checkbox"/> Criminal Justice Agency – Fee Exempt <input type="checkbox"/> Individual / Noncriminal Justice Agency – Fee Enclosed</p>
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<p>REASON FOR REQUEST</p> <p><input type="checkbox"/> Criminal Investigation <input type="checkbox"/> News Media</p> <p><input type="checkbox"/> Criminal Justice Employment <input type="checkbox"/> Noncriminal Justice Employment</p> <p><input type="checkbox"/> Probation/Parole Use <input type="checkbox"/> Other (Specify): _____</p> <p><input type="checkbox"/> Access and Review</p>
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PART 2 (Completed by Requester)
(Information of Individual being requested)

PLEASE PRINT OR TYPE

NAME (Last)	(First)	(Middle)	SOCIAL SECURITY NUMBER	
ALIASES / MAIDEN NAME		DOB	SEX	RACE

PART 3 (Bloomsburg Police Only)

<p>RECORD</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Record Attached <input type="checkbox"/> Other _____</p>	<p>Record Check Completed By:</p> <p>_____</p> <p>Date: _____</p>
<p>FURNISHED BY</p> <p><input type="checkbox"/> In-Person <input type="checkbox"/> Fax</p> <p><input type="checkbox"/> Phone <input type="checkbox"/> Email</p> <p><input type="checkbox"/> Other _____</p> <p>Name: _____ Date: _____</p>	

Instructions for Completion of Request for Criminal History Record Information (Complete in Duplicate)

***Must have a signed authorization from the individual to release information attached to form.**

Parts 1

Part 1 is to be completed, in whole, by the requester with their information and reason for conducting a Criminal History Record Check.

Part 2

Part 2 is to be completed, in whole, by the requester with the information of the individual that you are requesting a Criminal History on. If you are requesting more than one individual, you must complete a separate sheet for each individual.

After completion, mail, email, or fax a copy to the Bloomsburg Police Department Record's Officer. Noncriminal Justice Agencies and Individuals shall include a check or money order in the amount of **\$15.00** made payable to "Town of Bloomsburg" for each request.

*Note: Noncriminal justice agencies and individuals shall only receive a copy of the "rap sheet", if any.

Part 3

Part 3 shall be completed by a designated employee or officer of the Bloomsburg Police Department.

The Criminal History information is taken only from the files of the Bloomsburg Police Department. This does not include information from any other local, state or federal departments.

A summary of Statewide Criminal History Record Information may be obtained from:

The Pennsylvania State Police
Record & Identification Division
Bureau of Records and Information Services
1800 Elmerton Avenue
Harrisburg, Pennsylvania 17110