



119 East 7th Street, Bloomsburg, PA 17815-1999
 Phone 570-317-2846 • Fax 570-317-2408 • www.bloompd.com
 Scott Price, Chief of Police

Record Check Request

\$15 fee for Individuals/Non Criminal Justice Agencies

See Page 2 for Instructions

PART 1 (Completed by Requester)

Date of Request

REQUESTER INFORMATION Name: _____ Department: _____ Phone Number: _____ Fax Number: _____ Email: _____
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REASON FOR REQUEST <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;">Criminal Investigation</td> <td style="width: 50%; border: none;">News Media</td> </tr> <tr> <td style="border: none;">Criminal Justice Employment</td> <td style="border: none;">Noncriminal Justice Employment</td> </tr> <tr> <td style="border: none;">Probation/Parole Use</td> <td style="border: none;">Other (Specify):</td> </tr> <tr> <td style="border: none;">Access and Review</td> <td style="border: none;">_____</td> </tr> </table>	Criminal Investigation	News Media	Criminal Justice Employment	Noncriminal Justice Employment	Probation/Parole Use	Other (Specify):	Access and Review	_____
Criminal Investigation	News Media							
Criminal Justice Employment	Noncriminal Justice Employment							
Probation/Parole Use	Other (Specify):							
Access and Review	_____							

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)

<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; padding: 5px;">RECORD</td> <td style="width: 50%; padding: 5px;">FURNISHED BY</td> </tr> <tr> <td style="padding: 5px;">Yes</td> <td style="padding: 5px;">In-Person</td> </tr> <tr> <td style="padding: 5px;">No</td> <td style="padding: 5px;">Fax</td> </tr> <tr> <td style="padding: 5px;">Record Attached</td> <td style="padding: 5px;">Phone</td> </tr> <tr> <td style="padding: 5px;">Other _____</td> <td style="padding: 5px;">Email</td> </tr> <tr> <td style="padding: 5px;">Other _____</td> <td style="padding: 5px;">Other _____</td> </tr> </table>	RECORD	FURNISHED BY	Yes	In-Person	No	Fax	Record Attached	Phone	Other _____	Email	Other _____	Other _____	Name: _____ Date: _____ Amount PD: _____ Received By: _____
RECORD	FURNISHED BY												
Yes	In-Person												
No	Fax												
Record Attached	Phone												
Other _____	Email												
Other _____	Other _____												
RECORD CHECK COMPLETED BY: Officer Name: _____ Officer Signature: _____ Date: _____													

Instructions for Completion of Request for 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