

Request for Criminal History/Background Check

NAME (First, Middle, Last) _____

RACE ___ SEX ___ DOB _____ AGE ___ SS# _____

DRIVER'S LICENSE # _____ STATE _____ EMAIL _____

ADDRESS _____

HOME PHONE _____ CELL PHONE _____

DO NOT WRITE BELOW THIS LINE

_____ Criminal History (NC & NCIC)

_____ Driver's History

_____ Union Co. AOC

_____ AOC in _____ County

Purpose of Inquiry _____

Requested By _____ Date _____

Processed By _____ Date _____