

Criminal History Information Request

Before submitting this request be sure to review our [Memorandum](#) related to requesting criminal history information.

Please print this form and mail it (along with the required \$23 processing fee) to:

Florida Department of Law Enforcement
CJIS User Services
P.O. Box 1489
Tallahassee, FL 32302

Date: _____ Contact Person: _____
Requested by: _____ Contact Telephone: _____
_____ ORI Number: _____
_____ (if applicable)

Pursuant to provisions of Chapter 119, F.S.,
I request a criminal history record check of your files on _____ individual(s).
Payment in the amount of _____ is enclosed.
(The fee is \$23.00 per individual inquired upon.)

I request a criminal history record check on the following individual:

Name: _____ (Last, First Middle or Maiden)	Reserve this space for stamping FDLE's results
Other Names Used: _____	
Race: _____ Sex: _____ DOB: _____	
Social Security Number: _____	
Current Address:	
Street: _____	
City, State: _____	

Required Information

Name - Complete name of person Sex - Male or Female Date of Birth
Race - White; Black; American Indian or Alaskan; Asian or Pacific Islander; or Unknown
*****INDICATE HISPANIC PERSONS AS WHITE OR BLACK BASED ON SKIN COLOR*****

Optional Information

Social Security Number Current Address