

ORI Number:

Date Submitted:

Criminal History Information Request

Pursuant to provisions of Chapter 119 and Section 943.053, Florida Statutes, I am requesting a criminal history record check on the following individual:

Last Name:	Reserve this space for stamping FDLE's results
First Name: Middle Name:	
Other Names Used:	
Race: Sex: Date of Birth:	
Social Security Number:	
Required Information	
-	ex - Male or Female Date of Birth
	askan; Asian or Pacific Islander; or Unknown
*****INDICATE HISPANIC PERSONS AS WHITE OR BLACK BASED ON SKIN COLOR*****	
Optional Information Social Security Number, Middle Name & Other Names Used	
Payment Options Personal or Business Check – Must include pre-printed name of account holder and mailing address	
Money Order – Must be made payable in U.S. Funds	
All payments must be made payable to FDLE	
Please print this form and mail it (along with the required \$24 processing fee, payable to FDLE) to:	
Florida Department of Law Enforcement User Services Bureau Criminal History Services P.O. Box 1489 Tallahassee, FL 32302	
Mail Criminal History Information Request Results To:	
Contact Person:	Street:
Contact Telephone:	City:

Payment in the amount of is enclosed. (The fee is \$24 per individual inquired upon.)

State:

ZIP:

(if applicable)