



CRIMINAL HISTORY REQUEST

DATE: _____ PHONE NUMBER: _____

YOUR NAME: _____

MAILING ADDRESS: _____

I, _____, request a criminal history report on the individual listed below:

Person of Inquiry (You must provide at least two identifiers to verify the correct person):

FULL NAME: _____

ADDRESS: _____

DATE OF BIRTH: _____ SSN: _____

I, _____, by signing below, agree to and understand the following statements by the Washoe County Sheriff's Office (WCSO):

- THE REPORT WILL TAKE A MINIMUM OF 48 HOURS TO BE COMPILED AND MAILED
- THE REPORT IS BASED UPON INFORMATION I SUPPLY TO THE SHERIFF'S OFFICE
- THE WCSO IS NOT RESPONSIBLE FOR INCORRECT INFORMATION I MAY SUPPLY
- THE INFORMATION IN THE REPORT IS FROM THE WASHOE COUNTY SHERIFF ONLY
- I AM RESPONSIBLE FOR CONTACTING ANY OTHER LAW ENFORCEMENT AGENCIES FOR CONVICTION INFORMATION OUTSIDE OF THE WASHOE COUNTY SHERIFF'S OFFICE
- THE ARREST INFORMATION WILL CONTAIN ADULT ARREST INFORMATION DATING BACK TEN (10) YEARS FROM THE DATE OF THE REQUEST, UNLESS OTHERWISE REQUESTED
- THE REPORT DOES NOT INCLUDE CITATION OR JUVENILE INFORMATION

Signature: _____

FOR OFFICE USE ONLY

PERMIT.# _____