

CRIMINAL HISTORY INFORMATION REQUEST

Oklahoma State Bureau of Investigation
Criminal History Reporting Unit
6600 North Harvey Oklahoma City, OK 73116
(405) 848-6724

Date _____

PURSUANT TO PROVISIONS OF TITLE 51, OKLAHOMA STATUTES 1981, SECTION 24A.1 et seq. AND PROCEDURES OUTLINED BY THE OKLAHOMA STATE BUREAU OF INVESTIGATION, I REQUEST A CRIMINAL HISTORY INFORMATION CHECK OF YOUR FILES ON THE FOLLOWING SUBJECT (S). THE PROCESSING FEE OF FIFTEEN DOLLARS (\$15.00) PER SUBJECT FOR A **NAME SEARCH** OR NINETEEN DOLLARS (\$19.00) PER SUBJECT FOR AN **IN-STATE FINGERPRINT SEARCH** IS HEREBY TENDERED

Form of Payment: Cash Business Check Money Order Cashier's Check Visa MasterCard Discover
 American Express

Account Number _____ Expiration Date _____

Cardholder's Signature _____

(Requests with no signature will be returned unprocessed)

NAME OF INDIVIDUAL, BUSINESS,
OR AGENCY **MAKING REQUEST** _____

If paying with cash, money order, cashier's check or credit card, this information will be
YOUR NAME AND ADDRESS

INDIVIDUAL, BUSINESS,
OR AGENCY ADDRESS _____

Street Address or Post Office Box

PHONE NUMBER ____/____/____

City

State

ZIP

Purpose of Request _____

(PLEASE CHECK, ONLY IF APPLICABLE)

This request is being made in compliance with the provisions of the **Oklahoma Child Care Facilities Licensing Act**, 10 O.S. 1991, sections 401 through 410; a search of the Oklahoma Department of Corrections **Sex Offenders Registration List**, 57 O.S. 1991, Section 581 et seq., **is required: _____**. **The Sex Offender search must be requested at the time the Original Criminal History Record Check is submitted; amended replies to include this information will not be furnished free of charge at a later date.**

FOR OSBI USE ONLY – DO NOT WRITE IN THIS SPACE

Signature of Requestor

SUBJECT TO BE SEARCHED:

(All request forms must be **typed** or the information **legibly printed in ink** by the requestor; forms completed in **pencil are unacceptable**. Handwritten requests that are not easily read will be returned unprocessed).

NAME _____
(Last) (First) (Middle)

Alias Names _____
(Include maiden name, **all** married names, and any other names used)

RACE _____ SEX _____

DATE OF BIRTH _____
OR AGE (**mandatory**) _____

(If an age is provided, it must be specific. An age range is not acceptable and will be returned unprocessed. Additionally, customers who submit common names with an age may be required to provide full date of birth before the request can be processed. See Title 51 Section 24A.5 (2) of the Oklahoma Open Records Act.)

SOCIAL SECURITY NUMBER _____

All criminal history record information provided in compliance with 51 O.S., 1981 Section 24A.1 et seq., is based upon Fingerprints taken by the contributing law enforcement or criminal justice agency at the time of arrest and/or incarceration.

(Form #CHRD01)

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