

**POLICE RECORD CHECK
ARREST/DISPOSITION**

FULL NAME:		
LAST	FIRST	MIDDLE
FORMER OR MAIDEN NAME:		
ADDRESS (Residential):		
DATE OF BIRTH:		
PLACE OF BIRTH:		
SOCIAL SECURITY NUMBER:		
(Proof of U.S. Citizenship required)		
Signature of Applicant (allowing this record check)		
Date:		
Note: If not a U.S. citizen you must present the below listed documents of proof of identification		
PASSPORT NUMBER:		
ALIEN REGISTRATION NUMBER:		
DATE LEGAL STAY TERMINATES:		
PRESENT STATUS:		
PERSON OFF ISLAND:	YES	NO
IF YES, FINGERPRINT MUST ACCOMPANY REQUEST		
DATE FINGERPRINTS SUBMITTED:		
PURPOSE OF THIS REQUEST:		
DATE REQUEST RECEIVED:		
DATE RECORD CHECK MADE:		
REQUEST POSITIVE:	NEGATIVE:	
RECORD CHECK COMPLETED BY:		
RECORD CHECK FEE(\$9.00):	PAID	NOT PAID
Please PRINT all information clearly and legibly and make sure that all information is correct		
THANK YOU FOR YOUR COOPERATION		

POLREC-MAR8-2001

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