



San Diego County SHERIFF'S DEPARTMENT

RECORDS SERVICE REQUEST FORM PO Box 939062, San Diego, CA 92193-9062

California Penal Code sections 13300 through 13326 authorize the release of local summary criminal history information to the subject of the criminal history, and to other authorized persons and agencies under specified conditions. Local summary criminal history refers only to those arrests compiled by the San Diego County Sheriff. Government Code 6254(f) provides a list of authorized persons who are authorized to receive information from law enforcement police records. Applicable fees, if any, will be paid before any information is released.

**THE FOLLOWING INFORMATION IS NECESSARY TO PROCESS YOUR REQUEST
(PLEASE PRINT)**

REQUESTOR'S IDENTIFYING INFORMATION

| | |
|--------------------------------|----------------------------|
| REQUESTOR'S NAME: | AGENCY: |
| ADDRESS: | |
| TELEPHONE #: | FAX #: |
| DRIVERS LICENSE OR ID#: | ID EXPIRATION DATE: |
| REASON FOR REQUEST: | |

REQUESTOR'S CLASSIFICATION (CHECK ONE)

| | | | |
|--|---|---|--|
| SUBJECT: <input type="checkbox"/> | LEGAL REP. OF SUBJECT/VICTIM: <input type="checkbox"/> | INSURANCE COMPANY: <input type="checkbox"/> | BAIL BONDSMAN: <input type="checkbox"/> |
| VICTIM: <input type="checkbox"/> | PARTY INVOLVED IN ACCIDENT: <input type="checkbox"/> | LAW ENFORCEMENT AGENCY: <input type="checkbox"/> | GOV'T AGENCY: <input type="checkbox"/> |
| WITNESS: <input type="checkbox"/> | OWNER OF DAMAGED PROPERTY: <input type="checkbox"/> | OTHER: | |

SUBJECT/CASE INFORMATION (*May write "Same" if the subject and requestor are the same person)

| | |
|---|------------------------------|
| SUBJECT NAME*: | ALIAS OR MAIDEN NAME: |
| DOB/AGE: | SSN#: |
| MALE: <input type="checkbox"/> FEMALE: <input type="checkbox"/> | DRIVERS LICENSE#*: |
| CASE #: | BOOKING #: |
| ARRESTING AGENCY: | OCCURRENCE DATE: |

SERVICE OPTIONS (CHECK THE BOX THAT APPLIES)

| | |
|--|---|
| LOCAL CRIMINAL HISTORY REQUEST <input type="checkbox"/> | CASE COPY REQUEST <input type="checkbox"/> |
| OTHER: | |

DELIVERY OPTIONS (CHECK THE BOX THAT APPLIES)

(NOTE THAT REQUESTS WILL NORMALLY BE PROCESSED WITHIN 10 CALENDAR DAYS)

| | |
|---|--|
| PICK UP: <input type="checkbox"/> | MAIL TO ABOVE ADDRESS: <input type="checkbox"/> |
| SEND TO ABOVE FAX#: <input type="checkbox"/> | SEND TO: |

I DECLARE UNDER PENALTY OF PERJURY THAT THE INFORMATION PROVIDED IS TRUE AND CORRECT:

SIGNATURE OF REQUESTOR _____

DATE _____

SHERIFF'S DEPARTMENT PERSONNEL USE ONLY

| | | |
|---|---|---|
| FEE COLLECTED: | CHECK: <input type="checkbox"/> CASH: <input type="checkbox"/> DEBIT: <input type="checkbox"/> | RECEIPT #: |
| INFO RELEASED: NONE: <input type="checkbox"/> | CRIMINAL HISTORY: <input type="checkbox"/> ARREST RPT: <input type="checkbox"/> | CRIME RPT: <input type="checkbox"/> VEHICLE RPT: <input type="checkbox"/> |
| TRAFFIC ACCIDENT RPT: <input type="checkbox"/> OTHER: | | |
| COMMENT: | | |
| COMPLETED BY (NAME/ARJIS #/UNIT): | | DATE COMPLETED: |