



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/CITY/ZIP CODE:		TELEPHONE #:
DRIVERS LICENSE OR ID#:	EXPIRATION DATE:	FAX #:
REASON FOR REQUEST:		

REQUESTOR'S CLASSIFICATION (CHECK ONE)

<input type="checkbox"/> SUBJECT	<input type="checkbox"/> LAW ENFORCEMENT	<input type="checkbox"/> VICTIM	<input type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> INSURANCE CO
<input type="checkbox"/> BAIL BONDSMAN	<input type="checkbox"/> LEGAL REPRESENTATIVE	<input type="checkbox"/> WITNESS	<input type="checkbox"/> PARTY INVOLVED IN ACCIDENT	
<input type="checkbox"/> GOV'T AGENCY	<input type="checkbox"/> OTHER:			

SUBJECT/CASE INFORMATION

(*May write "Same" if the subject and requestor are the same person)

SUBJECT NAME*:	ALIAS/MAIDEN NAME:
D.O.B. or AGE: Month: Date: Year: Age:	SSN#:
<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	CASE #:
BOOKING #:	INCIDENT LOCATION:
ARRESTING AGENCY:	OCCURRENCE DATE:

SERVICE OPTIONS

(CHECK THE BOX THAT APPLIES)

<input type="checkbox"/> LOCAL BACKGROUND CHECK	<input type="checkbox"/> IN CUSTODY LETTER: DATES REQUESTED FROM: TO:
<input type="checkbox"/> WARRANT CHECK	<input type="checkbox"/> CASE REPORT COPY <input type="checkbox"/> TRAFFIC ACCIDENT REPORT
<input type="checkbox"/> REPO RECEIPT: PLATE OR VIN #	VEHICLE YR/MAKE/MODEL:
<input type="checkbox"/> OTHER:	

DELIVERY OPTIONS (CHECK THE BOX THAT APPLIES)

NOTE THAT REQUESTS WILL NORMALLY BE PROCESSED WITHIN 10 CALENDAR DAYS

<input type="checkbox"/> PICK UP	<input type="checkbox"/> MAIL	<input type="checkbox"/> FAX	<input type="checkbox"/> EMAIL OR ADDRESS:
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PICK UP OPTION:
I authorize _____ to receive the above requested document/s on my behalf.

CREDIT CARD PAYMENTS BY: PHONE/FAX/EMAIL ONLY

PLEASE CHARGE THE PROCESSING FEE AND THE \$3 CREDIT CARD TRANSACTION FEE TO MY CREDIT CARD BELOW.

Name of Cardholder:	Credit Card #	EXP DATE: /
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I DECLARE UNDER PENALTY OF PERJURY THAT THE INFORMATION PROVIDED IS TRUE AND CORRECT:

X _____ X
SIGNATURE OF REQUESTOR **DATE**

SHERIFF'S DEPARTMENT PERSONNEL USE ONLY

REC'D BY(INT/ARJIS):

CHECKED ID #:

FEE:

RECEIPT #:

PAID BY: CASH CHECK #: MONEY ORDER CREDIT (\$3.00 FEE) DEBIT (\$2.50 FEE)

INFORMATION
RELEASED:

- | | | |
|--|---|--|
| <input type="checkbox"/> NONE/REQUEST REJECTED | <input type="checkbox"/> CRIMINAL HISTORY | <input type="checkbox"/> IN-CUSTODY LETTER |
| <input type="checkbox"/> TRAFFIC ACCIDENT REPORT | <input type="checkbox"/> CASE REPORT COPY | <input type="checkbox"/> REPO RECEIPT |
| <input type="checkbox"/> WARRANT CHECK | <input type="checkbox"/> OTHER: | |

COMMENT:

COMPLETED BY (NAME/ARJIS#):

DATE COMPLETED: