## Nebraska State Patrol

## **Criminal History Record Request Form**

You can either mail your request or come in person to: Nebraska State Patrol Criminal Identification Division 3800 NW 12th Street – Suite A Lincoln, NE 68521

Requests can also be made online at ne.gov/go/cbg for an additional fee of \$3

This form is used to request a Record of Arrest and Prosecution (RAP) sheet for person of interest listed below. The RAP sheet includes <u>only Nebraska fingerprint based</u> arrests and resulting dispositions. There is a \$12.50 fee for this service. This fee is accepted as cash, check or money order. Make checks payable to Nebraska State Patrol. Certification/Notarization of record by the Nebraska State Patrol must be specifically requested.

Date:			<u></u>			
This request is on: (check	cone)   You	ırself	Someone	Else		
Reason for request:						
F	Person of Inte	rest (pers	son on whom back	ground check	will be completed)	
First Name:		Middle name:			Last name:	
ALIAS / AKA: List any other	er names used: ma	iden, marri	ied, adopted, nic	knames, sh	ort names, etc.	
SSN:	history ch	This request will not be denied for refusal to pro history check <u>may take longer without the numb</u> confirming identity during the criminal history cl			er, which will be used only for the purpose o	nal of
DOB (xx/xx/xxxx):	Sex:			Race:		
Current Address:						
City, State, Zip:		<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>				
Phone #:				Fax #:		
Results will be faxed to t	he number prov	ber provided unless a self-addressed stamped envelope is enclosed.			mped envelope is enclosed.	
	(	*************			heck (Only if different than above)	
Agency:		1	<del>,</del>			
Individual Requesting:						
Mailing Address:						
City, State, Zip:						
Phone #:				Fax #:		
1 110110 11.				1 47 111		
			-	Signature of Requester (Individual or Agency)		
If mailing a request for a criminal history on yourself or someone else and you would like a full release of criminal_history, you will need to have this request form signed by the person of interest and notarized. If this form is not_notarized, a public record will be						
released to you. See §29-35						
•					•	
I consent to the disclosure and copyi	ng of any Record of Arr	st of Prosecu	ition to the above liste	ed persons.		
State of)						_
County of)	)ss			Signature of Person of Interest		
Subscribed and swom to before me this day of,						
				•	<del></del>	
Notary Public						