

REQUEST FOR CRIMINAL HISTORY CHECK THROUGH THE CITY OF WICHITA POLICE DEPARTMENT

*(Please Print)*

FIRST NAME

MIDDLE NAME

LAST NAME

SOCIAL SECURITY #: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ RACE: \_\_\_\_\_ SEX: \_\_\_\_\_

Maiden name or alias name(s) used: \_\_\_\_\_

Previous Address: \_\_\_\_\_

Current Address: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Business Phone Number: \_\_\_\_\_

Current Place of Employment: \_\_\_\_\_

Name of Company Making the Request:

\_\_\_\_\_

THE INFORMATION THAT YOU HAVE REQUESTED WILL ONLY INCLUDE ARREST(S) THAT HAVE RESULTED IN A CONVICTION(S) WITHIN THE PAST TEN YEARS. A \$15.00 FEE IS REQUIRED FOR EACH REQUEST PRIOR TO THE PROCESSING. ALL PROCESSED REQUESTS WILL BE MAILED WITHIN TEN (10) DAYS UPON RECEIPT OF THE APPLICATION. FEDERAL LAW RESTRICTS ANY FURTHER DISSEMINATION OF THIS INFORMATION.

DATE: \_\_\_\_\_

CASH RECEIPT #: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_