

WALTERS STATE COMMUNITY COLLEGE  
DIVISION OF PUBLIC SAFETY  
BASIC POLICE RECRUIT SCHOOL

CRIMINAL HISTORY RECORD INFORMATION REQUEST

Name \_\_\_\_\_ Soc. Sec. No. \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip  
Code \_\_\_\_\_

County \_\_\_\_\_ Date of  
Birth \_\_\_\_\_

**Type of Identification Presented:**

\_\_\_\_\_ Drivers License State \_\_\_\_\_ Drivers License  
No. \_\_\_\_\_

\_\_\_\_\_ Military ID \_\_\_\_\_ Other Form of  
ID \_\_\_\_\_

ID  
Number \_\_\_\_\_  
\_\_\_\_\_

**Local Record:** \_\_\_\_NO \_\_\_\_YES

If YES, explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Law Enforcement Agency**

\_\_\_\_\_

Date \_\_\_\_\_

Signature of Person Processing This Form

