

Nebraska State Patrol
Criminal History Record Request Form

Date:			
This request is on: (check one)	<input type="checkbox"/> Yourself <input type="checkbox"/> Someone Else		
Reason for request:			
Person of Interest			
Name (Last, First, MI):			
ALIAS / AKA: List any other names used: maiden, married, adopted, nicknames, short names, etc.			
SSN:	<i>This request will not be denied for refusal to provide a social security number, but the criminal history check <u>may take longer without the number</u>, which will be used only for the purpose of confirming identity during the criminal history check.</i>		
DOB:	Sex:	Race:	
Current Address:			
City, State, Zip:			
Fax #: (If results should be faxed)		Phone #	
Individual Or Agency (Only if different than above)			
Agency:	St. Paul Public Schools		
Individual Requesting Data:	Sara Paider, Elementary Principal		
Mailing Address:	1305 Howard Ave.		
City, State, Zip:	St. Paul, NE 68873		
Fax #: (If results should be faxed)	308-754-5374	Phone #:	308-754-4433

Sara K. Paider

Signature of Requester (Individual or Agency)

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

This form is used to request a Record of Arrest and Prosecution (RAP) sheet for above person of interest. The RAP sheet includes only Nebraska fingerprint based arrests and resulting dispositions. There is a \$15.00 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. 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 §29-3523 for the difference between public record and full release criminal history records.

I consent to the disclosure and copying of any Record of Arrest of Prosecution to the above listed persons.

State of _____)
 County of _____)

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Signature of Person of Interest

Subscribed and sworn to before me this _____ day of _____, _____.

Notary Public