

**POLICE RECORD CHECK  
ARREST/DISPOSITION**

<b>FULL NAME:</b>		
LAST	FIRST	MIDDLE
<b>FORMER OR MAIDEN NAME:</b>		
<b>ADDRESS (Residential):</b>		
<b>DATE OF BIRTH:</b>		
<b>PLACE OF BIRTH:</b>		
<b>SOCIAL SECURITY NUMBER:</b>		
<small>(Proof of U.S. Citizenship required)</small>		
Signature of Applicant (allowing this record check)		
Date:		
<small>Note: If not a U.S. citizen you must present the below listed documents of proof of identification</small>		
<b>PASSPORT NUMBER:</b>		
<b>ALIEN REGISTRATION NUMBER:</b>		
<b>DATE LEGAL STAY TERMINATES:</b>		
<b>PRESENT STATUS:</b>		
<b>PERSON OFF ISLAND:</b>	YES	NO
<small>IF YES, FINGERPRINT MUST ACCOMPANY REQUEST</small>		
<b>DATE FINGERPRINTS SUBMITTED:</b>		
<b>PURPOSE OF THIS REQUEST:</b>		
<b>DATE REQUEST RECEIVED:</b>		
<b>DATE RECORD CHECK MADE:</b>		
<b>REQUEST POSITIVE:</b>	<b>NEGATIVE:</b>	
<b>RECORD CHECK COMPLETED BY:</b>		
<b>RECORD CHECK FEE(\$9.00):</b>	PAID	NOT PAID
Please PRINT all information clearly and legibly and make sure that all information is correct		
<b>THANK YOU FOR YOUR COOPERATION</b>		

POLREC-MAR8-2001

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