

**ANNE ARUNDEL COUNTY POLICE DEPARTMENT**

**Law Enforcement Agency**

**Request for Criminal History Record Check**

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THIS FORM IS FOR LAW ENFORCEMENT USE ONLY. PERSONS OR ENTITIES REQUESTING A RECORD CHECK THROUGH THIS AGENCY MUST HAVE (1) POWER TO ARREST AND (2) PRESENT A SIGNED RELEASE FORM FOR THE PERSON WHOM THEY ARE REQUESTING THE RECORD CHECK. IF BOTH REQUIREMENTS ARE NOT MET, THE REQUEST CANNOT BE PROCESSED.

**INFORMATION PERTAINING TO THE REQUESTOR**

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

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

PURPOSE OF REQUEST: \_\_\_\_\_

**INFORMATION PERTAINING TO SUBJECT OF RECORD CHECK**

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LAST NAME	FIRST	FULL MIDDLE
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MAIDEN NAME/ALIASES OR OTHER NAMES USED

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\*CURRENT ADDRESS AND DATE OF RESIDENCE

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PREVIOUS ADDRESS (S) WITHIN ANNE ARUNDEL COUNTY AND DATES OF RESIDENCE

\*DATE OF BIRTH: \_\_\_\_\_ \*SEX: \_\_\_\_\_ \*RACE: \_\_\_\_\_

\*DRIVERS LICENSE NUMBER: \_\_\_\_\_ \*ISSUE STATE: \_\_\_\_\_

*\*REQUIRED FOR EXCLUSIONARY PURPOSES*