

# OKLAHOMA STATE BUREAU OF INVESTIGATION

## Criminal History Record Information Request

6600 North Harvey  
Oklahoma City, OK 73116  
(405) 848-6724  
(405) 879-2503 FAX  
[http://www.ok.gov/osbi/Criminal\\_History/](http://www.ok.gov/osbi/Criminal_History/)

### Type Of Search Requested:

- Name Based - \$15.00
- State Fingerprint-based - \$19.00  
(Must Include Fingerprint Card)
- Sex Offender
- Mary Rippy Violent Offender

DATE \_\_\_\_\_

Request Submitted via:

- Fax  Mail  In Person

Requests will be returned in the same manner received.

Mail requests should include postage-paid reply envelope.

Fax requests must include a dedicated Fax line # for return:

(      )

**ACCEPTABLE FORMS OF PAYMENT:**     CASH     BUSINESS CHECK     MONEY ORDER

CASHIER'S CHECK     VISA     MASTERCARD     DISCOVER     AMERICAN EXPRESS    *Fax requests must include payment by Credit Card.*

CREDIT CARD NUMBER \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_

NAME AS IT APPEARS ON CREDIT CARD \_\_\_\_\_

(PLEASE PRINT)

CARD HOLDER SIGNATURE (REQUIRED) \_\_\_\_\_

### REQUESTOR INFORMATION: (Type or print clearly in blue or black ink)

REQUESTOR'S NAME \_\_\_\_\_ SIGNATURE OF REQUESTING PARTY \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

CITY

STATE

ZIP

PHONE NUMBER (      ) \_\_\_\_\_

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

### SUBJECT INFORMATION: (Type or print clearly in blue or black ink)

NAME \_\_\_\_\_  
LAST FIRST MIDDLE

ALIAS/MAIDEN NAME(S) \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ (MM/DD/YYYY). *If date of birth is unavailable, include exact age of subject.*

RACE \_\_\_\_\_ SEX \_\_\_\_\_ SOCIAL SECURITY NUMBER \_\_\_\_\_

### SEARCH RESULTS:

Oklahoma State Bureau of Investigation  
Computerized Criminal History

Oklahoma Department of Corrections  
Sex Offender

Oklahoma Department of Corrections  
Violent Offender

*Unless fingerprint cards are provided, record information is furnished solely on the basis of name or description similarity with the subject of your inquiry.*