

**REQUEST FOR REVIEW OF
INDIVIDUAL CRIMINAL HISTORY RECORD**

Name _____

FOR AGENCY USE ONLY

Address _____

Date _____

Telephone _____

DOC Representative _____

Name _____

Title _____

I have been asked by the person requesting review to assist in the interpretation of the criminal history record

IDENTITY VERIFIED BY:

Person Known By Agency

Fingerprint Comparison

Other identification as follows:

Signature _____

Address _____

**Record received and returned
Challenge to be initiated and
copy of challenged portion
provided with limitation of use
statement appearing thereon**

Reason: Difficulty in understanding

Signature

Initial

Date

I have reviewed my criminal history records and find

_____ The records are satisfactory.

_____ The records are significantly inaccurate or incomplete and I would initiate a challenge to the originating agency or agencies for modification.

_____ I request to retain a copy of the challenged portion solely for my own personal use in preparing a challenge.

Signature

Date