

(for office use only)	CASE# _____
DATE _____	

SUBJECT: REQUEST FOR CRIMINAL HISTORY INFORMATION

FROM: Ord Housing Authority  
 2410 K Street  
 Ord, Nebraska 68862

TO: Nebraska State Patrol  
 Identification & Record Division  
 3800 NW 12th Street-Suite A  
 Lincoln, NE 68521

## CRIMINAL HISTORY REQUESTED

NAME(PRINT LAST/FIRST/M.I.)		D.O.B.
PLACE OF BIRTH:		
S.S.#	MAIDEN NAME/ALIAS	

I hereby authorize the release of any and all criminal history information maintained on me.

\_\_\_\_\_  
 NAME(PRINT LAST/FIRST/M.I.)

\_\_\_\_\_  
 SIGNATURE  
 DATE \_\_\_\_\_

\_\_\_\_\_  
 SIGNATURE OF REQUESTER