

KANSAS BUREAU OF INVESTIGATION

RELEASE OF INFORMATION

I, _____, give permission for the release of any information concerning myself in the Kansas Bureau of Investigation files to Douglas County District Court.

I understand that all information released will be for the exclusive and confidential use of the above-named organization/person.

Maiden Name and/or Other Names Known By:

DOB:

SS#:

RACE:

SEX:

HEIGHT:

WEIGHT:

HAIR:

COLOR OF EYES:

CURRENT ADDRESS:

PREVIOUS ADDRESS*:

PREVIOUS ADDRESS*:

PREVIOUS ADDRESS*:

PREVIOUS ADDRESS*:

PREVIOUS ADDRESS*:

PREVIOUS ADDRESS*:

*Please list previous addresses for past five (5) years.

Signature:

DATE:

DRIVER'S LICENSE:

Request for Computerized Record Information

Requesting Agency: Douglas County District Court

Information Requested on: Name:

DOB: DL#:

Sex: Race:

KBI MVD NCIC **CHRI** KS
State(s)

I, the undersigned, do hereby affirm and attest that the computerized Criminal History Record Information (CHRI) obtained from the Douglas County Law Enforcement Center Computer System will be used within this authorized Criminal Justice Agency. I understand that this information is restricted in use to authorized Criminal Justice Agencies only, as prescribed by Title XXVIII, the Crime Control Act of 1973, and the KCMOPD Alert II Security Contract.

Signature:

Name: Linda Koester-Vogelsang

DCLEC Ext: #5264

Date Requested:

For Law Enforcement Use Only:

Findings:

Date: Signature: