

**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# _____

Stop after this line

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: Casey Forsyth, District Court Administrator

DCLEC Ext:

Date Requested:

For Law Enforcement Use Only:

Findings: --- _____

Date: _____ Signature: _____