

## REQUEST FOR FDLE CRIMINAL HISTORY INFORMATION

Facility Number (OCA): \_\_\_\_\_

TO: Public Records Section  
User Services Bureau  
FDLE  
Post Office Box 1489  
Tallahassee, FL 32302

From: \_\_\_\_\_  
(name of requester)

\_\_\_\_\_  
(mailing address)

\_\_\_\_\_  
Telephone number

The more complete this information is the better the search and associated results will be. PLEASE TYPE OR PRINT CLEARLY.

Applicant name: \_\_\_\_\_ leave this

Other names applicant has used (include maiden names and nicknames) space

\_\_\_\_\_ Blank

Race (mark one):      Black              White              Asian              American Indian  
                                 Alaskan Native      Unknown

Sex (mark one):      male              female              Date of birth \_\_\_\_\_

Social Security number (optional) \_\_\_\_\_

Address \_\_\_\_\_

Applicant is a:       Childcare Personnel               Volunteer (works 40 or more hours)  
                                  Summer Camp Employee

I certify that the person listed above is a volunteer or a caretaker employee requiring a five-year rescreening. I understand that the Legislature has established a reduced payment of \$8.00 for the criminal history checks of these persons.

\_\_\_\_\_  
(signature of owner or on-site director)      (date)