



## FBI CRIMINAL REPORT REQUEST

### PRIVACY ACT STATEMENT

The FBI's acquisition, retention, and sharing of information submitted on this form is generally authorized under 28 USC 534 and 28 CFR 16.30-16.34. The purpose for requesting this information from you is to provide the FBI with a minimum of identifying data to permit an accurate and timely search of criminal history identification records. Providing this information (including your Social Security Account Number) is voluntary; however, failure to provide the information may affect the completion of your request. The information reported on this form may be disclosed pursuant to your consent, and may also be disclosed by the FBI without your consent pursuant to the Privacy Act of 1974 and all applicable routine uses.

### Applicant Information \* Denotes Required Fields

* Last Name
* First Name
Middle Name 1
Middle Name 2
* Date of Birth
Last Four Digits of Social Security Number

### Applicant Home Address

* Address	Apt#
* City	* State
* Postal (zip) code	
* Country	
* U.S. Citizen or Legal Permanent Resident	<input type="checkbox"/> Yes <input type="checkbox"/> No (If no, you must make your request directly with the FBI)
Country of Citizenship	Country of Residence
* Phone Number	
* Email Address	

### Mail Results to This Address (Attorney Only)

C/O	ATTN
Address	
City	State
Postal (zip) code	Country
Phone Number (if different from above)	

* <b>FBI Criminal Report</b> Includes one copy	\$ _____	* <b>Shipping Options</b> Please check one box
* <b>Shipping</b> Select one Shipping Option	\$ _____	<input type="checkbox"/> USPS First Class Mail – <b>No charge</b>
* <b>Additional Copies</b> _____ @ \$9.00 each	\$ _____	<input type="checkbox"/> USPS Priority Mail (2-3 Day Delivery) – <b>\$14.00</b>
Quantity		<input type="checkbox"/> FedEx (Overnight Delivery) – <b>\$40.00</b>
* <b>Total Payment Enclosed</b>	** \$ _____	
* <b>Payment Type</b>	Please check one box	
<input type="checkbox"/> Cashier's Check	<input type="checkbox"/> Money Order	<input type="checkbox"/> Credit Card (Include Credit Card Authorization form)
* <b>Reason for my request</b>	Must check one box	
<input type="checkbox"/> Personal Review/Correction	<input type="checkbox"/> Work Visa/Student Visa	<input type="checkbox"/> Foreign Residency/Travel
<input type="checkbox"/> Adoption	<input type="checkbox"/> Attorney Request	<input type="checkbox"/> Other (please specify) _____

\* **APPLICANT SIGNATURE** \_\_\_\_\_ \* **DATE** \_\_\_\_\_

\* **Signed Criminal Background Check Disclaimer must be included with order. You may request a copy of your own identification record to review it or obtain a change, correction, or an update to the record.**

\*\*Pricing does include fingerprint rolling fees for mailing ink cards, or live scan fees for electronic submissions.

MFR-CRR-1809

**NATIONAL CREDIT REPORTING**

