

San Diego County SHERIFF'S OFFICE

RECORDS SERVICE REQUEST FORM PO Box 939062, San Diego, CA 92193-9062

California Penal Code sections 13300 through 13326 authorize the release of local summary criminal history information to the subject of the criminal history, and to other authorized persons and agencies under specified conditions. Local summary criminal history refers only to those arrests compiled by the San Diego County Sheriff. Government Code 6254(f) provides a list of authorized persons who are authorized to receive information from law enforcement police records. Applicable fees, if any, will be paid before any information is released.

REQUESTOR'S IDENTIFYING INFORMATION REQUESTOR'S NAME: ADDRESS/CITY/ZIP CODE: DRIVERS LICENSE OR ID#: REQUESTOR'S CLASSIFICATION (CHECK ONE) SUBJECT BAIL BONDSMAN LEGAL REPRESENTATIVE WITNESS PARTY INVOLVED IN ACCIDENT GOV'T AGENCY OTHER: SUBJECT/CASE INFORMATION ('May write 'Same' if the subject and requestor are the same person) SUBJECT NAME: ALIAS/MAIDEN NAME: DO.B. or AGE: Month: Date: Year: Age: SSN#: DO.B. or AGE: Month: Date: Year: Age: SSN#: BOOKING #: INCIDENT LOCATION: ARRESTING AGENCY: CCURRENCE DATE: SERVICE OPTIONS (CHECK THE BOX THAT APPLIES) LOCAL CRIMINAL HISTORY CHECK IN CUSTODY LETTER: DATES REQUESTED FROM: TO: WARRANT CHECK CASE REPORT COPY TRAFFIC ACCIDENT REPORT REPO RECEIPT: PLATE OR VIN # VEHICLE YR/MAKE/MODEL: OTHER: DELIVERY OPTIONS (CHECK THE BOX THAT APPLIES) NOTE THAT REQUESTS WILL NORMALLY BE PROCESSED WITHIN 10 CALENDAR DAYS) PICK UP OPTION: LOCAL CRIMINAL MAIL FAX EMAIL OR ADDRESS: PICK UP OPTION: LOUR OF THAT PLAND OR ADDRESS: PICK UP OPTION: LOUR OR ADDRESS: LOUR OR ADDRESS: LOUR OR ADDRESS: LOUR OR ADDRESS:	THE FOLLOWING INFORMATION IS NECESSARY TO PROCESS YOUR REQUEST (PLEASE PRINT)								
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REASON FOR REQUEST: SUBJECT	REQUESTOR'S NAME:	AGENCY:							
REQUESTOR'S CLASSIFICATION (CHECK ONE) SUBJECT	ADDRESS/CITY/ZIP CODE:	TELEPHONE #:							
REQUESTOR'S CLASSIFICATION (CHECK ONE) SUBJECT	DRIVERS LICENSE OR ID#:	PIRATION DATE:		FAX #:					
SUBJECT	REASON FOR REQUEST:								
BAIL BONDSMAN LEGAL REPRESENTATIVE WITNESS PARTY INVOLVED IN ACCIDENT GOV'T AGENCY OTHER: SUBJECT/CASE INFORMATION (*May write "Same" if the subject and requestor are the same person) SUBJECT NAME": ALIAS/MAIDEN NAME: D.O.B. or AGE: Month: Date: Year: Age: SSN#: MALE FEMALE CASE #: BOOKING #: INCIDENT LOCATION: ARRESTING AGENCY: OCCURRENCE DATE: SERVICE OPTIONS (CHECK THE BOX THAT APPLIES) LOCAL CRIMINAL HISTORY CHECK IN CUSTODY LETTER: DATES REQUESTED FROM: TO: WARRANT CHECK CASE REPORT COPY TRAFFIC ACCIDENT REPORT REPO RECEIPT: PLATE OR VIN # VEHICLE YR/MAKE/MODEL: OTHER: DELIVERY OPTIONS (CHECK THE BOX THAT APPLIES) NOTE THAT REQUESTS WILL NORMALLY BE PROCESSED WITHIN 10 CALENDAR DAYS) PICK UP OPTION: LOCAL CRID PAYMENTS BY: PHONE/FAX/EMAIL ONLY	REQUESTOR'S CLASSIFICATION (CHECK ONE)								
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☐ PLEASE CHARGE THE PROCESSING FEE AND THE \$3 CREDIT CARD TRANSACTION FEE TO MY CREDIT CARD BELOW.	CREDIT CARD PAYMENTS BY: PHONE/FAX/EMAIL ONLY								
	\Box PLEASE CHARGE THE PROCESSING FEE AND THE \$3 CREDIT CARD TRANSACTION FEE TO MY CREDIT CARD BELOW.								
Name of Cardholder: Credit Card # EXP DATE: /	Name of Cardholder: Cre	edit Card #		EXP DATE: /					

I DECLARE UNDER PENALTY OF PERJURY THAT THE INFORMATION PROVIDED IS TRUE AND CORRECT:

SIGNATURE OF REQUESTOR DATE

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SHERIFF'S OFFICE PERSONNEL USE ONLY									
REC'D BY(INT/AR.	JIS):	CHECKED ID #:		FEE:	RI	ECEIPT #:			
PAID BY: CAS	SH CHECK#	: MONE	Y ORDER	☐ CREDIT (\$3	.00 FEE)	☐ DEBIT (\$2.50 FEE)			
INFORMATION RELEASED:		QUEST REJECTED ACCIDENT REPORT F CHECK		MINAL HISTORY SE REPORT COF IER:	_	IN-CUSTODY LETTER REPO RECEIPT			
COMMENT:									
COMPLETED BY	(NAME/ARJIS#)	:			DATE CO	OMPLETED:			

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