

# REQUEST FOR FDLE CRIMINAL HISTORY INFORMATION

Juvenile Record Check

TO: Florida Department of Law Enforcement  
Attn: User Services Bureau/  
Criminal History Applicant Section  
Post Office Box 1489  
Tallahassee, FL 32302-1489

FACILITY NUMBER: \_\_\_\_\_  
(OCA #)

DCF Circuit/Region: 15 / Southeast

FROM: \_\_\_\_\_  
(name of requestor)

\_\_\_\_\_  
(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: \_\_\_\_\_  
Last First Middle

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

Leave this  
space blank

Date of Birth: \_\_\_\_\_

Race (check one):  Black  White  Asian  
 American Indian  Alaskan Native  
 Unknown  
(for Hispanic, indicate Black or White based on skin color)

Sex (check one):  Male  Female

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I certify that the person listed above is a juvenile volunteer or household member between the ages of 12 and 17 years old. 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)