

**DOUGLAS COUNTY SHERIFF
REQUEST FOR OFFICIAL DOCUMENTS**

To Be Used By Non-Criminal Justice Agencies and Private Parties

OFFENSE or ACCIDENT REPORT REQUESTED

Victim Name (Print: Last/First/M.I.)	Victim Date of Birth	SR No. / Date of Report
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CRIMINAL HISTORY or PHOTO REQUESTED

Name (Print: Last/First/M.I.)	Date of Birth (Required)	Race/Sex
Alias and/or Maiden Name	Driver's License No. and State	Social Security #
Address - City/State/Zip Code		

REQUESTING AGENCY/REQUESTING PERSON INFORMATION

Name of Requesting Agency	
Name of Individual Requesting Information	
Street Address of Requesting Agency/Person	
City/State/Zip Code	Work Telephone #
Signature	Date of Request

VOLUNTARY WAIVER TO RELEASE INFORMATION

I _____ authorize the Douglas County Sheriff's Office Records Division to release my complete Douglas County criminal history to _____ for the purpose of _____.

Signed _____ Date _____

Notary Public _____ Date: _____

INTERNAL USE ONLY

Cash _____	Check # _____	Data # 1 _____
Processed by _____	Date _____	Data # 2 _____
		Data # 3 _____