SAN DIEGO STATE UNIVERSITY POLICE DEPARTMENT  

Federal / LE Background Request Form

I certify that I am familiar with the limited purposes set forth in the California Government Code and the California Penal Code for which arrest and conviction information requested may be used, and that the information requested will be solely for these limited purposes and not to harass, degrade or humiliate any person.

Read the statements above, then print full name   Sign   Date

The specific purposes of which the information requested is for: (check one)

_____ EMPLOYMENT (IF SO, LIST POSITION & EMPLOYMENT: __________________________)

_____ CRIMINAL INVESTIGATION

_____ OTHER (PLEASE SPECIFY: ___________________________________________________

The information released shall be used for this purpose only.

*PLEASE COMPLETE ONE CERTIFICATE FOR EACH SUBJECT & PLEASE PRINT CLEARLY

Subject: ___________________________________________  DOB: ________________

Aliases: ___________________________________________  Case #: ________________

Release Attached: _____ Yes  _____ No

Investigator/Requestor Name/ID#: ________________________  Agency: ________________

Signature: _________________________________________  Contact Phone #: ____________

Mailing Address: ______________________________________

Fax # ______________________________________________

DO NOT WRITE BELOW THIS LINE

Intake Staff Unit#: _______________  Date: __________  Credentials Checked: ________

CASE COPY OBTAINED: _____Yes  _____No (Reason: ____________________________

Completed By: ___________________________  ID#: ___________  Date: ________________

Distribution/Date:  Telephone ________  Mailed _________  Faxed ________