



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.

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*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: _____

RECORDS CHECK RESULTS: ____ No Record ____ Record Found

CASE COPY OBTAINED: ____ Yes ____ No (Reason: _____)

Completed By : _____ ID#: _____ Date: _____

Distribution/Date: Telephone _____ Mailed _____ Faxed _____