

Records Check Request  
This Form is for Jail and Report Checks

**Date/Time of Request**

\_\_\_\_\_

**Criminal Justice Agency**

Yes \_\_\_\_\_ No \_\_\_\_\_

**Person of Record/Any Alias Names**

\_\_\_\_\_ Sex M F DOB \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Phone \_\_\_\_\_

**Requestor Name**

\_\_\_\_\_ DOB \_\_\_\_\_

Company/Agency \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Phone \_\_\_\_\_

**Report** \_\_\_\_\_ **Date of Report** \_\_\_\_\_ **Mug Shot** \_\_\_ **Background** \_\_\_

**By signing this form I affirm that I will not use the documents released to me for any solicitation or pecuniary gain and I understand that in doing so I am subject to fines and penalties under Colorado Revised Statute 24-72-305.5.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE**

\_\_\_\_\_

**Report Released** \_\_\_\_\_ **Request Denied** \_\_\_\_\_ **Reason** \_\_\_\_\_

**Records Technician** \_\_\_\_\_

**Fee Collected \$** \_\_\_\_\_ **Fee Waived** \_\_\_\_\_ **Reason** \_\_\_\_\_