## WEBER COUNTY SHERIFF'S OFFICE

## Application for Utah Criminal History Records Review

| NAME                        |   |  |                     |            |
|-----------------------------|---|--|---------------------|------------|
|                             | (Last, First Middl                            | e)   |                     |            |
| -DATE OF BIRTH              |   |  | PHONE #             |            |
| PREVIOUSI                   | LY USED NAMES                                 | (Maiden, AKA, Etc)_  |                     |            |
| ADDRESS                     |   |  |                     |            |
| (Street)                    |   |  | (State)             | (Zip)      |
| SOCIAL SE                   | CURITY NUMBE                                  | R  | SEX_                | RACE       |
| HEIGHT                      | WEIGHT  | EYE COLOR  | HAIR CO             | LOR        |
| ****                        | *****WAI                                      | VER OF LIABII  | LITY******          | *****      |
| locuments are locuments are | viewed by anyone of<br>only valid for the day | Office from any liability ther than myself. I under they are issued. DATED | rstand that the bac |            |
|                             |   |  |                     |            |
| SID#                        |   | CSO OFFICE USE (   |                     |            |
| NCIC/SWV                    | O.<br>W                                       | R NO RECORD FOU<br>RMS   | 51 <b>1D</b>        |            |
| FORM OF                     | ID AND #                                      |  |                     |            |
|                             | PEARING ON ID                                 |  |                     |            |
| SIGNATU                     | RE OF PERSON                                  | VERIFYING ID   |                     |            |
|                             |   |  |                     |            |
| INFORMA                     | TION VALID ON                                 | NLY ON THIS DATE   | Ε                   |            |
| SUBJECT                     | OF RECORD WA                                  | AS NOT VERIFIED  | BY FINGERPR         | RINTS.     |
| INFORMA                     | TION RELEASE                                  | D BY   |                     |            |
|                             | (WEBE   | R COUNTY SHERI   | FF'S OFFICE I       | EMPLOYEE)  |
| USE OF TI                   | HIS INFORMATI                                 | ON IS REGULATE   | D BY STATE A        | ND FEDERAL |