



## Records & Technology Division

333 W Nye Lane Ste 100  
Carson City, Nevada 89706  
Telephone (775) 684-6262 • Fax (775) 684-6294

### IDENTIFICATION FILE REQUEST FOR NEVADA RECORDS OF CRIMINAL HISTORY

I hereby authorize the Nevada Criminal History Records Repository to disclose criminal history information, if any, within my identification file, to myself or person (s)/ entity listed as the Requestor:

**Subject Name:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Subject (Date of Birth)

**Respond To:**  
**Name:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The use of this form is intended to safeguard the rights of the signatory and to ensure the confidentiality of the requested information against non authorized disclosure. The fingerprint card accompanying this request will be used to verify identity. A \$21.00 certified check or money order made payable to the Department of Public Safety must accompany each request.  
**KEEP IN MIND YOUR REQUEST COULD TAKE THREE TO FOUR WEEKS FROM DATE OF RECEIPT BY THE BUREAU.**