

LEADS USER REQUEST FORM
FIELD SERVICES SECTION
CHICAGO POLICE DEPARTMENT

*** If full access or less than full access is requested, members MUST have their Unit/ Commanding Officer complete, sign, and forward to the Director, Record Services Division.

| | |
|--|-------------------|
| TO: Field Services Section | Unit Name and No. |
| Fax 5-6816 | Fax |
| Pax/Bell 0422/5-5210 | Pax/Bell |
| Name - Rank/Title of Commanding Officer | Star No. |
| Approval Signature | Date |
| Approval Signature, Director, Record Services Division 'Required only for full access or less than full access. | Date |

LEADS USER INFORMATION

| | | |
|---|---|----------|
| Name Last | First | M.I. |
| Sex <input type="checkbox"/> Male <input type="checkbox"/> Female | Date of Birth | |
| User's Signature | Employee No. | Star No. |
| Unit Name and No. | Request <input type="checkbox"/> SID Number <input type="checkbox"/> User ID <input type="checkbox"/> Delegate | |
| Certification Level <input type="checkbox"/> SOS Image Only Access <input type="checkbox"/> Less Than Full Access*** <input type="checkbox"/> Full Access*** Forward a copy of the certificate. | | |
| Certification Expiration Date | | |
| CPD E-Mail Address: | | |

BELOW FOR POLICE FIELD SERVICES SECTION USE ONLY

| |
|---|
| Inquiry Results <input type="checkbox"/> No Record SID <input type="checkbox"/> User Name Change <input type="checkbox"/> Must be fingerprinted |
| Comments: |
| Number of Pages (Including Cover) |
| <input type="checkbox"/> SID Number <input type="checkbox"/> User ID |
| Investigator |
| Investigator Star No./Employee No. |