

REQUEST FOR AN IDENTIFICATION RECORD

CHICAGO POLICE DEPARTMENT

DATE

AREA/DISTRICT/UNIT NAME/OUTSIDE AGENCY

ADDRESS

CITY

STATE

ZIP CODE

REQUESTOR'S FAX NO.

NAME OF SUBJECT (Last - First - M.I.)

CRIMINAL HISTORY (I.R. #)

OF COPIES

ARREST REPORT (C.B. #)

OF COPIES

COPIES OF FINGERPRINTS (I.R. # OR C.B. #)

OF COPIES

NAME OF REQUESTOR (Please Print)

STAR #

SIGNATURE OF REQUESTOR

BELL/PAX #

O.R.I. # (Outside Agency Purposes Only)

PLEASE INDICATE THE FOLLOWING (If Applicable)

HOLD FOR PICKUP

 YES NO

MAIL TO (Please Print Name)

UNIT #