

**REQUEST FOR IDENTIFICATION PHOTOS**

Reproduction & Graphic Arts Section  
Chicago Police Department

DATE REQUESTED

DATE NEEDED

|                     |          |                    |               |
|---------------------|----------|--------------------|---------------|
| REQUESTED BY - NAME | STAR NO. | UNIT OF ASSIGNMENT | TELEPHONE NO. |
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| NAME (LAST-FIRST-MIDDLE) ONE NAME PER LINE | NO. OF COPIES | SEX | RACE | I.R./C.B. NUMBERS (INDICATE IF HOSPITAL PHOTO) |
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REQUESTING MEMBER'S (SIGNATURE-RANK-STAR NO.)