



Reference Number _____
(office use only)

REQUEST FOR CRIMINAL RECORD CHECK

SHP - 158C 9/90

Please print or type.

NAME: _____
(last) (first) (middle)

DATE OF BIRTH: _____
(maiden/alias)

SEX: _____ RAC: _____ SS#: _____

ADDRESS: _____

SIGNATURE: _____
(if available)

PURPOSE: _____ Employment _____ Licensing _____ Other

SEND REPLY TO: _____

TELEPHONE: _____
(day)

**PROCESSING FEE SCHEDULE AND METHOD OF PAYMENT
PER SECTIONS 43.527 & 43.530 RSMo.**

Name search only - \$5 per individual
Fingerprint and name search - \$14 per individual

Payable by either a certified check, warrant, or money order (no cash, personal or company checks) to the "State of Missouri - Criminal Record System". The request and fee should be mailed to:

**Missouri State Highway Patrol
Criminal Records Division
Post Office Box 568
Jefferson City, Mo. 65102**