



UNIVERSITY OF NEBRASKA-LINCOLN POLICE DEPARTMENT

Criminal History Request Form

300 N. 17th Street

PO Box 880634

Lincoln, NE 68588-0634

Phone: 402-472-2222 Fax: 402-472-7972

updrecords@unl.edu

This form is used to document requests for the University of Nebraska-Lincoln Police Department to conduct public record criminal history searches. It must be completed and signed by any individual/agency requesting the information.

Requestor Information:

Type (choose one): Civilian/Self Insurance Company

Law Enforcement (circle one) : Employment or Investigation Case # _____

Agency/Company Name (if applicable): _____

Last Name: _____ First Name: _____ Middle Initial: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

Delivery Method: In Person Regular Mail Fax Email (Public Records Only)

Criminal history requested for the following subject:

Last Name: _____ First Name: _____ Middle Initial: _____

Address: _____ City: _____ State: _____ Zip: _____

Race: _____ Sex: _____ Date of Birth: _____

Requestor Signature: _____ Date: _____

FOR POLICE USE ONLY

The University Of Nebraska Lincoln Police Department does not have any final dispositions on file as of the processing date.

The final dispositions on file with the University of Nebraska-Lincoln Police Department as of the processing date are attached.

Notes:

Received By: _____ Employee #: _____ Date: _____

Processed By: _____ Employee #: _____ Date: _____

Request was: Approved Denied