

**MISSOULA POLICE DEPARTMENT  
CRIMINAL HISTORY RECORD CHECK REQUEST**

Please print legibly

Date: \_\_\_\_\_

**Reason for Records Check:**  VISA For what country? \_\_\_\_\_

Employment  Criminal Justice Employment

Other \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Maiden Name: \_\_\_\_\_ Aliases: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

How long have you lived in the City of Missoula? \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

**If requestor is someone other than the above (must provide signed waiver from subject of records check):**

Name: \_\_\_\_\_

Agency/Company: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Daytime phone: \_\_\_\_\_

Mail or deliver this completed form to:

Missoula Police Department  
Attn: Records  
435 Ryman Street  
Missoula, MT 59802  
406-552-6303