

**DEPARTMENT OF JUVENILE JUSTICE
OFFICE OF THE INSPECTOR GENERAL**

REQUEST FOR LOCAL LAW ENFORCEMENT RECORDS CHECK

PLEASE TYPE OR PRINT ON FORMS

To: Local Law Enforcement Agency (name and address)

Date: _____

The person described below holds or is applying for a sensitive position associated with the Department of Juvenile Justice. Pursuant to Sections 39.001 and Chapters 435, 984 and 985 Florida Statutes, this person is subject to a local law enforcement records check.

Signature of applicant consenting to records check: _____

Last Name: _____ Aliases _____

First Name: _____ Middle Name: _____

Full not just initial

Maiden Name _____

Social Security Number: _____

Date of Birth: _____ Sex: _____

Race: (**Only options are** W-White, B-Black, A-Asian, I-American Indian, H-Hispanic, U-Unknown) _____

Present Address: _____

Previous Address: _____

Street City State Zip Code

Please document below the findings on this check and return to the address below as soon as possible:

Record Found: Yes ___ No: ___ If yes, explain nature _____

Signature or Seal of Local Law Enforcement Agency

Date

Return To:

Full Facility Address:

Requestor's Name _____
(Screening Coordinator)

