

**Stamford Police Department
Request for Criminal Records Check**

PLEASE PRINT AND FILL OUT COMPLETELY

Last Name: _____ M.I. _____

First Name: _____

Maiden Name: _____

Alias(es): _____

DOB: _____ Social Security #: _____

CURRENT ADDRESS: _____
STREET

CITY, STATE, ZIP CODE

How long have you lived at this address? _____

FORMER STAMFORD ADDRESS OR ADDRESSES:

_____	How long? _____
_____	How long? _____
_____	How long? _____

CURRENT PHONE NUMBER: _____

REASON FOR THE CRIMINAL RECORD CHECK

____ Employment NAME OF EMPLOYER: _____

____ Immigration _____ Adoption

____ Housing (NOT STAMFORD) _____ Other (please specify) _____

SIGNATURE: _____ DATE: _____

For Official Use Only:
Copy ID here:

Initials: _____