



# NEBRASKA STATE PATROL

## Criminal History Record Request

### 1. Purpose of form

This form is used to request a Record of Arrest and Prosecution (RAP) sheet for person of interest listed below. The RAP sheet includes only Nebraska fingerprint-based arrests and resulting dispositions. There is a \$45.00 fee for this service. This fee is accepted as cash, check or money order. Make check or money order payable to Nebraska State Patrol.

**Certification/Notarization of record by the Nebraska State Patrol must be specifically requested.**

Check "yes" to request certification/notarization. \_\_\_\_\_ Yes

**Requests can also be made online at [ne.gov/go/cbg](http://ne.gov/go/cbg). Online requests can be paid with a credit or debit card.**

### 2. Request Information

This request is on (Check one): ☐ Yourself ☐ Someone else Reason for request:

### 3. Person of Interest (Person on whom the background check will be complete)

Please provide as much information as possible. **First & Last Names and Date of Birth (DOB) are required fields.**

|                                                                                          |                 |                                                                                                                                                                                                                                                              |         |
|------------------------------------------------------------------------------------------|-----------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|
| First Name:                                                                              | Middle Name:    | Last Name:                                                                                                                                                                                                                                                   |         |
| DOB:                                                                                     | Place of birth: | Race:                                                                                                                                                                                                                                                        | Gender: |
| Current Street Address:                                                                  |                 | City, State, Zip code:                                                                                                                                                                                                                                       |         |
| ALIAS/AKA: List any other names used: maiden/married/adopted/nicknames/short names, etc. |                 |                                                                                                                                                                                                                                                              |         |
| Social Security Number:                                                                  |                 | <i>This request will not be denied for refusal to provide a social security number, but the criminal history check may take longer without the number, which will be used only for the purpose of confirming identity during the criminal history check.</i> |         |
| Phone #:                                                                                 |                 | Fax #:                                                                                                                                                                                                                                                       |         |

### 4. Individual or agency requesting/receiving the background check (Only if different than section 2)

|                                                                                                          |                        |
|----------------------------------------------------------------------------------------------------------|------------------------|
| Agency/Company Name:                                                                                     |                        |
| Individual Name:                                                                                         |                        |
| Mailing Address:                                                                                         | City, State, Zip code: |
| Phone #:                                                                                                 | Fax #:                 |
| <b>Results will be sent by fax or mail. For security reasons we are unable to send results by email.</b> |                        |

**Mail completed form with payment to:** Nebraska State Patrol, Criminal Identification Division  
4600 Innovation Dr  
Lincoln, NE 68521

**For questions, call the Criminal Identification Division at 402-479-4971.**

\_\_\_\_\_  
*Signature of Requester (individual or agency)*

### 5. Notarized Release (Optional)

Portions of the criminal history record may be redacted in accordance with Nebraska Revised Statute §29-3523. If you would like a full release of the criminal history record, the person of interest (from section 3) must sign this form before a notary public. If this form is NOT notarized, a public record will be released to you. See §29-3523 for the difference between a *public* and *full release* criminal history record.

I consent to the disclosure and copying of any Record of Arrest and Prosecution to the person or entity listed above in Section 4.

State of \_\_\_\_\_ )  
County of \_\_\_\_\_ ) ss

\_\_\_\_\_  
*Signature of Person of Interest from Section 3*

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_.

\_\_\_\_\_  
Notary Public

NSP 752 03/24