

REQUEST FOR CRIMINAL HISTORY RECORD CHECK

Reason for Request: ☐ Name-Based Search (\$20.00) ☐ Fingerprint-Based Search (\$20.00)
☐ Access and Review (\$25.00) ☐ Wrongful Use of Name/SSN (\$25.00)
☐ Fingerprint Card (\$15.00) ☐ Notarize (Free) ☐ Certify (\$10.00)

Other: _____

PART 1: Please print clearly all requested information regarding the person on whom the criminal record check is being conducted.

Full Name: _____
Last First Middle

Any Alias(es)/Former Name(s)
including Maiden Name(s): _____

Social Security No.: _____ Date of Birth: _____ Place of Birth: _____

Sex: _____ Race: _____ Height: _____ Weight: _____ Color Eyes: _____ Color Hair: _____

PART 2: Please print clearly all the information requested below.

Your Name: _____ Telephone No.: _____

Mail the results to: _____

Signature: _____ Date: _____

PART 3: FINGERPRINTING AGENCY USE ONLY

Type of Identification Checked: _____

Fingerprinter Name: _____ Date: _____

Fingerprinter Signature: _____

Agency Name: _____ Phone Number: _____

FOR HCJDC USE ONLY

Response: ☐ Phone ☐ Hard Copy ☐ Fax ☐ Pick-up

Name Search (OBTS/CCH): ☐ No Record Found: _____ SID No.: _____

Completed by: _____ Date: _____

Fingerprint Search: ☐ No Record Found: _____ SID No.: _____

Completed by: _____ Date: _____

Mail form & payment (money order or cashier's check) to:
Hawaii Criminal Justice Data Center, 465 S. King Street, Room 102, Honolulu, HI 96813
For more information call (808) 587-3279 or visit www.ehawaii.gov/ag/hcjdc