

Department of Public Safety
Records Bureau
333 West Nye Lane Suite 100
Carson City, NV 89706

CHALLENGE OF CRIMINAL RECORD

This form is used to challenge an identification record contained in the criminal history files of the State s Criminal History Records Repository pursuant to the provisions set forth in NRS 179A.150.

I, _____, request the Records Bureau of the Department of Public Safety to verify the accuracy of the data recently sent to me. In question is/are the following data element(s):

- DATE OF ARREST
- CHARGE
- SEVERITY
- DISPOSITION
- OTHER (PLEASE PROVIDE A DETAILED EXPLANATION)

COPY OF COURT DOCUMENT ATTACHED

Please provide information where you can be reached.

NAME _____

ADDRESS _____

DAY TIME PHONE NUMBER _____