



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

IDENTIFICATION FILE REQUEST FOR NEVADA RECORDS OF CRIMINAL HISTORY

I hereby authorize the Nevada Criminal History Records Repository to disclose criminal history information, if any, within my identification file, to myself or person(s)/entity listed below:

SUBJECT NAME: _____

MAILING ADDRESS: _____

Signature of Subject

Date of Birth

RESPOND TO: _____

NAME: _____

MAILING ADDRESS: _____

The use of this form is intended to safeguard the rights of the signatory and to ensure the confidentiality of the requested information against non-authorized disclosure. The fingerprint card accompanying this request will be used to verify identity. A \$21.00 certified check or money order made payable to the Department of Public Safety must accompany each request.