



CP-491
(4-96)

UNITED STATES CAPITOL POLICE
WASHINGTON, D.C. 20510-7218

REQUEST FOR CHECK OF CRIMINAL HISTORY RECORDS

Please report with: (1) a form of valid photo identification and (2) this form; to the Identification Section, Room 103B, U.S. Capitol Police Headquarters, 119 D Street, N.E.



1 Name (Last, First, Middle)

Address:

_____ Street & No.
_____ City & State
_____ Zip
_____ Tele:

2 Other names ever used (e.g. maiden name, nickname, etc.)

3 Date of Birth (Month, Day, Year)

4 Birthplace (City and State or County)

5 Social Security Number

6 Sex

Male Female

7 Race

8 Height

9 Weight

10 Eye Color

11 Hair Color

SIGNATURE AND RELEASE OF INFORMATION:

READ THE FOLLOWING CAREFULLY BEFORE YOU SIGN:

- I understand that the information provided above will be used to check the criminal history records of the Federal Bureau of Investigation (FBI).
- I consent to the use of the information provided above in making a security determination concerning me.
- I certify that, to the best of my knowledge and belief, all the information provided above is true, correct, and complete, and made in good faith.

12 Signature

13 Date Signed (Month, Day, Year)

AUTHORIZED REQUESTER

14 Name/Employing Office

15 Title

16 Telephone number

17 Date of Request

SIGNATURE AND REQUEST:

I request that the applicant/employee indicated above be fingerprinted by the United States Capitol Police and that these fingerprints be submitted for a check of the criminal history records of the Federal Bureau of Investigation (FBI). This check will be used in making a security determination concerning this applicant/employee.

18 Signature

19 Date Signed (*Month, Day, Year*)

IDENTIFICATION SECTION

20 Individual Receiving Request

21 Date/Time Received

22 IS #:
