REQUEST FOR REVIEW OF INDIVIDUAL CRIMINAL HISTORY RECORD

Name_____

Address_____

_____

Telephone _____

FOR AGENCY USE ONLY

Date _____

ODOC Representative_____
Name

_____
Title

I have been asked by the person requesting review to assist in the interpretation of the criminal history record

Signature _____
Address_____

IDENTITY VERIFIED BY:

___ **Person Known by Agency**
___ **Fingerprint Comparison**
___ **Other identification as follows**:

___ **Record received and returned**
___ **Challenge to be initiated and copy of challenged portion provided with limitation of use statement appearing thereon**

Reason: Difficulty in understanding

_____ _____ _____
Signature Initial Date

I have reviewed my criminal history records and find

_____ The records are satisfactory.

_____ The records are significantly inaccurate or incomplete and I would initiate a challenge to the originating agency or agencies for modification.

_____ I request to retain a copy of the challenged portion solely for my own personal use in preparing a challenge.

_____ _____
Signature Date

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(R 02/26)