



License  
Application # \_\_\_\_\_  
Agency \_\_\_\_\_  
Fax \_\_\_\_\_

**REQUEST FOR CERTIFIED RECORD(S)**

**\*\*Investigative Communications Restricted\*\***

Request Date	Response Needed By	Case #
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*The information / documents listed below are needed:*

<input type="radio"/> Disposition Information	<input type="radio"/> Complaint / Information Indictment / Judgment and Sentence	<input type="radio"/> Letter of Pending Status	<input type="radio"/> Misdemeanor / Felony Record Search From _____ To _____
<input type="radio"/> Other – Please Explain:			

DPS is currently conducting background search(es) or investigation(s) regarding the individual named below.

**CASE IDENTIFICATION**

*Please forward the information / documents indicated below pertaining to the arrest of the following individual:*

Name	Docket / Complaint / Ticket Number*
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*\*In Criminal and Municipal cases, if you do not know the docket number, please provide the Defendant's Information:*

Defendant's Name and alias(es), if any	Defendant's Date of Birth	Last 4 digits of Defendant's SSN	
<input type="radio"/> Male <input type="radio"/> Female	<b>Race</b> <input type="radio"/> White <input type="radio"/> Black <input type="radio"/> Asian / Pacific Islander <input type="radio"/> Native American <input type="radio"/> Other		
Indictment / Arrest Date	Indictment / Accusation / Complaint / Sentence	Offense	Sentencing Date

**DESCRIPTION** Please describe records requested completely as possible.

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Thank you in advance for your assistance in this matter. If you have any questions, contact:

<b>REQUESTOR NAME AND TITLE</b>	Email
	Phone
	FAX

**TWO WAYS TO SUBMIT THE REQUESTED DOCUMENTS:**

- Secured Email**  
Please place "*Investigative Communication Restricted*" in the Subject Line.



- Mail**  
Texas Department of Public Safety  
ATTN:  
Regulatory Services Division RCS MSC 0245  
P. O. Box 4087  
Austin, Texas 78773-0245

**Please include a copy of this form when responding to this request.**