



## **Error Resolution Form**

**TO EXPEDITE YOUR REQUEST, PLEASE SUBMIT THIS FORM AND ALL THE DOCUMENTATION PERTAINING TO YOUR REQUEST TO:**

Mail: Texas Department of Public Safety  
Crime Records Service  
Error Resolution Unit  
P.O. Box 4143  
Austin, TX 78765-4143

**Name:** \_\_\_\_\_

**DOB:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Additional information:**

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