



Indiana State Police
Criminal History Information
Review Challenge (Full Fingerprint Check)
317-233-5424
www.IN.gov/ISP

* This agency is requesting disclosure of your Social Security Number in accordance with IC 4-1-8-1; disclosure is voluntary and you will not be penalized for refusal.

PLEASE TYPE OR PRINT ALL INFORMATION.

RECORD CHECK ON:

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Last Name

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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First Name

M.I

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Social Security Number*

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Place of Birth

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Date of Birth MM / DD / YYYY

M = Male
F = Female

<input type="checkbox"/>

Sex

W = White B = Black
U = Unknown M = Multi Racial
I = American Indian Alaskan
A = Asian / Pacific Islander

<input type="checkbox"/>

Race

REASON FOR SEARCH

License, Licensing (type), etc.

()

Daytime Telephone Number

Name	<u>(where this response will be sent)</u>
Mailing Address (<i>number and street</i>)	
City, State, ZIP Code	
ATTENTION:	

\$10.00 () Mark an (X) here for this request.

REVIEW CHALLENGE

Any person may challenge the information contained in their **criminal history data file 10-13-3-31**.

Agencies may not request a Review Challenge.

A **Review Challenge** may only be obtained by persons on themselves.

Request by mail – please submit the following:

- a. Complete this form.
- b. A complete set of fingerprints taken by a law enforcement agency. (Do not fold or bend card)
- c. \$10.00 certified check or money order to State of Indiana (**NO CASH OR PERSONAL CHECKS**).

ELECTRONIC SUBMISSIONS

We understand it is important for fingerprint- based applicant background checks to be processed quickly, accurately and with as little hassle as possible. Employers, licensing agencies, applicants and public safety depend on it. To better serve applicants, agencies and employers, the Indiana State Police Records Division (ISP), has partnered with L-1 Identity Solutions to provide a new option in applicant processing. Processing centers are being established throughout the state to take applicant fingerprints and identifying information for electronic submission to ISP for processing.

All processing will be performed by ISP personnel; no criminal history information will be available to L-1.

Advantages of Electronic Submission

- Convenient locations for applicants throughout the state
- No messy ink
- Fast response time for employers
- Convenient reporting
- Added security in confirming fingerprints are from individual submitting application

The Indiana Legislature has mandated that fingerprint-based background checks be conducted for paid or volunteer employment or licensing in a wide variety of areas such as child care, health care, licensing, etc.

The present system that requires submission of paper fingerprint cards, although effective, takes several weeks to process. The Indiana's Electronic Fingerprinting Network (INKless) has been implemented to give employers and licensing agencies an option to complete the process in **days** rather than weeks and in some cases less than one day.

Electronic Submission:

Applicants can go to the secure web site www.LIenrollment.com to book an appointment or call the toll-free L-1 phone number 877-472-6917.

Fees for Electronic Process

State Search Only \$19.95

WARNING PENALTY FOR MISUSE

A non-criminal justice organization or individual receiving a limited criminal history may not utilize it for purposes other than those stated in the request or which deny the subject any civil right to which the subject is entitled. IC 10-13-3-27: Any person who uses limited criminal history for any purpose not specified in the request commits a Class A misdemeanor offense.

I affirm, under penalty of perjury, that the Limited Criminal History Information requested will be used as specified.

PRINT Name of Requester

Signature of Requester

Date (month, day, year)

We accept certified checks and money orders in person only. "NO" personal checks.

All checks made payable to the **STATE OF INDIANA.**

Mail request to:

Indiana State Police, Criminal History Limited Check

P.O. Box 6188

Indianapolis, Indiana 46206-6188