

WASHOE COUNTY SHERIFF'S OFFICE  
CRIMINAL HISTORY REQUEST FORM  
PLEASE FILL OUT COMPLETELY



Date: \_\_\_\_\_ Receipt # \_\_\_\_\_  
WCSO Employee Only

Requestor: \_\_\_\_\_

Requestor Address: \_\_\_\_\_  
Number & Street Name  
\_\_\_\_\_  
City State Zip Code

I, \_\_\_\_\_, request a criminal history report on the individual listed below.  
(Requestor's Name)

**SUBJECT OF INQUIRY** (You **must** provide at least two identifiers to verify the correct person):

Name: \_\_\_\_\_  
Last First Middle

Date of Birth: \_\_\_\_\_ SSN # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Subjects Address: \_\_\_\_\_  
Number & Street Name  
\_\_\_\_\_  
City State Zip Code

I understand fingerprints do not accompany this inquiry and the Washoe County Sheriff's Office is unable to guarantee this material concerns the subject of this inquiry. Further, the information contained in this request contains adult arrest information dating back to ten years. This information does not include citation or juvenile information.

This record will contain Washoe County Sheriff's Office arrest information only.

Requestors should contact the Reno Police Department, Sparks Police Department, Reno/Sparks Indian Colony, UNR Police Department and Nevada Highway Patrol to ensure they are receiving a complete history on the subject of inquiry.

I acknowledge that I have read and understand the above information.

\_\_\_\_\_  
(Requestor Signature)

To be picked up – Contact number: \_\_\_\_\_

Mail to the requestor's address above.