

**REQUEST for REVIEW of
INDIVIDUAL CRIMINAL HISTORY RECORD**

Name _____

FOR AGENCY USE ONLY

Address _____

Date _____

Telephone _____

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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