



**Upper Dublin Township Police Department
Records Unit – Criminal History
Request Form**



Subject's Name:			
Subject's Social Security Number:		Subject's Date-of-Birth:	
Reason for Request:			

Requester's Name:		Date:	
Requester's Address:			
Government Agency:		ORI #:	
Requester's Signature		Telephone Number:	

Forward this form to the Upper Dublin Township Police Department's Records Unit

DO NOT WRITE BELOW THIS LINE

Action Taken	Request Number:		Date Received:	
	Authorized By:		Date Mailed:	
	Reviewed By:		Date:	
	Incident #:			
	Status:	<input type="checkbox"/> Records Check Negative <input type="checkbox"/> Records Check Positive		
	Information Released:			
	Copy to File <input type="checkbox"/> Copy to Each Related Case Folder <input type="checkbox"/>			
	Master Name Index Person Number:			

Local Records Check Only, State-Wide Information is available from the Pennsylvania State Police.

801 Loch Alsh Avenue, Fort Washington, PA 19034, Phone: 215-646-2101

Issue Date: 12/15/2015

****This Is Not a Right-to-Know Records Request Form****