

Metropolitan Police Department Criminal
History Section
300 Indiana Ave NW, Room 1075
Washington, DC 20001

RE: Criminal History Record Request on:

Full Legal Name: _____

Maiden Name: _____

Other Married Last Names: _____

DOB: ____ / ____ / ____

SSN: ____ - ____ - ____

For psychiatric residential treatment facility employment purposes, the above-named individual has authorized a search of the Washington DC Metropolitan Police Department, Criminal History Section, as indicated by their notarized statement and signature below.

For childcare related purposes the above-named individual has authorized a search of the Washington DC Metropolitan Police Department, Criminal History Section, as indicated by their notarized statement and signature below.

I, _____, hereby authorize the Washington DC Metropolitan Police Department, Criminal History Section, to release my Washington DC criminal history information directly to ND DHS, Criminal Background Check Unit.

Signed _____ Date _____

State of _____

County of _____

Signed and acknowledged before me this _____ day of _____, 20____.

Notary Public

CRIMINAL BACKGROUND CHECK UNIT