



Florida Department of Law Enforcement Application for Personal Review of Florida Criminal History Record

Florida and federal laws afford individuals the right to request a copy of their criminal history record for purposes of personal review, to ensure that it is accurate and complete. The requestor may examine the record and challenge any inaccurate or incomplete information. There is no charge assessed by the Florida Department of Law Enforcement (FDLE) for this service.

Personal Review applications are fingerprint based. A blank 10-print fingerprint form is provided with this application. Please have your fingerprints taken by a law enforcement or criminal justice agency and include them with this application.

A copy of the criminal history record returned to you in response to your Personal Review request contains no demographic information and cannot be used for immigration, employment, licensing, or certification purposes.

If you have questions or need assistance with the submission of your application, you may contact the FDLE Criminal History Record Maintenance (CHRM) Section at (850) 410-7898.

Section 1: Applicant Information

FULL NAME			
	<i>Last</i>	<i>First</i>	<i>Middle</i>
OTHER NAMES USED			
	<i>Last</i>	<i>First</i>	<i>Middle</i>
	<i>Last</i>	<i>First</i>	<i>Middle</i>
CURRENT MAILING ADDRESS			
	<i>Number and Street</i>		
	<i>City</i>	<i>State</i>	<i>Zip Code</i>
PERSONAL INFORMATION			
	<i>Date of Birth</i>	<i>Sex</i>	<i>Race</i>
	<i>Social Security Number (optional)</i>	<i>Driver's License Number (optional)</i>	
CONTACT INFORMATION			
	<i>Daytime Phone#</i>	<i>Alternate Phone#</i>	
	<i>Email Address</i>		

Section 2: Request Information

Do you have a Florida criminal history record?

If **YES**, what is your 8-digit State Identification (SID) Number? (optional) _____

What is the reason for your Personal Review Request? _____

Did you find any portion of your Florida criminal history record to be incorrect or incomplete? _____

If **YES**, have you already contacted the appropriate arresting agency or court to correct the incorrect or incomplete information?* _____

List the name of the agency _____

**If any documentation was provided to you by the agency, please include a copy with this application.*

List specific dates of arrest/incident and explain what you found to be incorrect or incomplete.

Use additional pages if needed.

Date of Arrest	Explanation
1.	
2.	
3.	
4.	
5.	

Signature of Applicant

Date

MAIL YOUR COMPLETED APPLICATION AND FINGERPRINT CARD TO:

Florida Department of Law Enforcement

Post Office Box 1489

Tallahassee, FL 32302-1489

Attn: CHRM - Arrest Maintenance

An application for Personal Review of a Florida criminal history may take up to 30 working days for FDLE to process and respond back. If you need a copy immediately, you may wish to perform a name-based public records request online for \$24 by going to www.fdle.state.fl.us or calling Criminal History Services at (850) 410-8161.

This application will not include a review of Florida's wanted persons file, criminal history files for states other than Florida, or the federal database. To obtain a fingerprint based Federal Identity History Summary Check visit <https://www.fbi.gov/about-us/cjis/identity-history-summary-checks> or submit a written request, completed fingerprint card, and an \$18.00 certified check or money order payable to the *Treasury of the United States*, directly to the FBI at the following address:

FBI CJIS Division - Summary Request
1000 Cluster Hollow Road
Clarksburg, WV 26306

Fingerprints for Florida Department of Law Enforcement Personal Review of Florida Criminal History Record

APPLICANT <small>* See Privacy Act Notice on Back</small>	LEAVE BLANK	TYPE OR PRINT ALL INFORMATION IN BLACK						FBI	LEAVE BLANK	
FD-258 (REV.3-1-10) 1110-0046		LAST NAME	NAM	FIRST NAME	MIDDLE NAME					
SIGNATURE OF PERSON FINGERPRINTED		ALIASES AKA		O R I						
RESIDENCE OF PERSON FINGERPRINTED								DATE OF BIRTH	DOB	
								Month Day	Year	
DATE	SIGNATURE OF OFFICIAL TAKING FINGERPRINTS	CITIZENSHIP CTZ	SEX	RACE	HGT.	WGT.	EYES	HAIR	PLACE OF BIRTH	POB
		YOUR NO. OCA	LEAVE BLANK							
EMPLOYER AND ADDRESS		FBI NO. FBI								
		ARMED FORCES NO. MNU	CLASS _____							
REASON FINGERPRINTED		SOCIAL SECURITY NO. SOC	REF. _____							
		MISCELLANEOUS NO. MNU								

1. R. THUMB	2. R. INDEX	3. R. MIDDLE	4. R. RING	5. R. LITTLE	
6. L. THUMB	7. L. INDEX	8. L. MIDDLE	9. L. RING	10. L. LITTLE	
LEFT FOUR FINGERS TAKEN SIMULTANEOUSLY		L. THUMB	R. THUMB	RIGHT FOUR FINGERS TAKEN SIMULTANEOUSLY	

FDLE will also accept fingerprints taken on an agency provided applicant fingerprint card.

*****Law enforcement officer or agency designee: Please remember to sign and date the fingerprint card. Also, please provide your ORI number or agency stamp.**