METROPOLITAN POLICE DEPARTMENT – CITY OF ST. LOUIS
REQUEST FOR RECORD/BACKGROUND CHECK

DATE _____ _____ _____
Month *Day* *Year*

A. REQUESTOR NAME _____ **PHONE** _____ **EMAIL** _____

B. RECORD CHECK ON THE FOLLOWING INDIVDUAL/SUBJECT:

Name _____ _____ _____ _____
Last *First* *Middle* *Maiden Name*

Date of Birth _____ _____ _____ _____ _____ _____
Month *Day* *Year* *Race* *Sex* *SSN*

Address _____ _____ _____ _____ _____
Number *Street* *City* *Zip* *Phone*

C. PLEASE SELECT ONE OF THE FOLLOWING REASONS FOR THE RECORD CHECK

1. I am the individual identified by accurate information in Item B. I am requesting my own record check for child-care or nursing care employment (as defined by RSMo. Section 610.120), or for expungement. I am requesting both OPEN and CLOSED records. SUBMIT IN PERSON WITH PHOTO IDENTIFICATION OR NOTARIZE THIS FORM AND SUBMIT BY MAIL OR ONLINE.

2. I am the individual identified by accurate information in Item B. I am requesting my own record check. I am requesting OPEN records only. SUBMIT IN PERSON, BY MAIL, OR ONLINE. NOTARIZATION IS NOT REQUIRED.

3. I am the individual identified by accurate information in Item B. I authorize SLMPD to release my full record, including both OPEN and CLOSED records, to the following individual/company. NOTARIZE AND SUMBIT IN PERSON, ONLINE, OR BY MAIL.

_____ _____
Individual *Company*

4. I am NOT the individual identified in item B, but I would like a record check performed on the identified individual. I am requesting OPEN records. SUBMIT IN PERSON, BY MAIL, OR ONLINE. NOTARIZATION IS NOT REQUIRED.

5. I represent an entity entitled to CLOSED record information (as defined by RSMo. Section 610.120). I am seeking records on the individual identified in Item B for a purpose described in RSMo. Section 610.120. I am requesting both OPEN and CLOSED records. SUBMIT IN-PERSON, BY MAIL, OR ONLINE. NOTARIZATION IS NOT REQUIRED.

_____ _____ _____
Entity *Requestor* *Title*

D. CITY-ONLY RECORD CHECK: $4.50 **CITY & COUNTY RECORD CHECK**: $9.00

Do not send payment by mail. You will be contacted with further instructions.

E. DELIVERY METHOD Pick-up Mail to: _____

_____ _____
REQUESTOR SIGNATURE *I.D. Source (Internal Use)*

F. NOTARY (*If Required*)

State of Missouri _____} ss
County of _____}

I, _____, a Notary Public, do hereby certify that on the _____ day of _____, 20____, personally appeared before me, _____, who declares he/she is the individual executing the foregoing document in the capacity herein set forth and declared that the statements herein contained are true.

IN WITNESS WHEREOF, I have hereunto set my hand and seal the day and year before written.

Notary Public

_____

My Commission Expires