

Please fill in all highlighted blanks

# Records Check Request

(Non-Criminal Justice Agency Submission)

(KBI use only)

To: Kansas Bureau of Investigation, Attn: Adult Records (NCJRC), Topeka KS  
66612-1837

From: Life Patterns Inc.  
3625 SW 29<sup>th</sup> St Suite 202  
Topeka, Ks. 66614

Requestor Code: 902KS1718

A criminal history records check of the Kansas central records repository is requested for the following individual.

A fingerprint card [ is / is not ] included.

Full Name Your Last Name Your First Name Your Middle Name  
Last First Middle

Alias/Maiden Name: Your Last Name Your First Name Your Middle Name  
Last First Middle

Date of Birth: Your Date of Birth Social Security Number: Your Social Security Number  
(MM/DD/YY)

Sex: M/F

Race: Your Race

Place of Birth: Your Place of Birth  
(City, State or Foreign Country)

*The following names used by the above person will be checked for an additional \$5 per name:*

Other Alias Name: Alias Last Name Alias First Name  
Last First

Middle

Other Alias Name: Alias Last Name Alias First Name Alias Middle Name  
Last First Middle

Additional Information:

KBI Response