

NEW JERSEY STATE POLICE, STATE BUREAU OF IDENTIFICATION (SBI)
VOLUNTEER REVIEW OPERATION

CRIMINAL HISTORY RECORD INFORMATION RELEASE FORM
(Type or print all information)

A. NAME AND ADDRESS OF ORGANIZATION REQUESTER

VRN: _____

B. AUTHORIZATION BY SUBJECT OF REQUEST

NAME AND ADDRESS:

APPLICANT PCN: _____

I hereby request any Criminal History Record Information maintained by your agency, meeting dissemination criteria, for the the purpose of VRO Fitness Review.

Any records(s) received shall be used solely for the authorized purpose for which it was obtained.

The records will be destroyed immediately after it has served its authorized purpose(s).

I am aware that the SBI will rely upon the accuracy and truthfulness of the information provided in this request for the purpose of VRO Fitness Review.

Type or print name of applicant making request

Signature of applicant making request

Mail Completed Form To:
New Jersey State Police
SBI, VRO Program
PO Box 7068
West Trenton, NJ 08628