



MIDDLETOWN POLICE DEPARTMENT



BACKGROUND CHECK REQUEST / FINGERPRINTS ONLY

Form to be filled out completely. Personal information required for records check.
Please type or print clearly.

Name: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Social Security Number: _____

Email or Fax # for result notification: _____

Employee notification email

- | | | |
|--|---|---|
| Gender: <input type="checkbox"/> Male | Race: <input type="checkbox"/> Asian | <input type="checkbox"/> Native American |
| <input type="checkbox"/> Female | <input type="checkbox"/> Black/African | <input type="checkbox"/> Pacific Islander |
| <input type="checkbox"/> Other | <input type="checkbox"/> Caucasian/ White | <input type="checkbox"/> Other |
| | <input type="checkbox"/> Hispanic/ Latino | |

US Citizen: Yes No City/ State of Birth: _____

Height: _____ Weight: _____ Eye Color: _____ Hair Color: _____

Reason for Fingerprinting:

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> Medical Marijuana | <input type="checkbox"/> Mental Health Facility | <input type="checkbox"/> DCYF Employee | <input type="checkbox"/> School Employee |
| <input type="checkbox"/> Massage Therapist | <input type="checkbox"/> Firefighter Employment | <input type="checkbox"/> Child/Day Care | <input type="checkbox"/> Adoption/Foster Care |
| <input type="checkbox"/> Other Specify: ... | | | |

School/Company Requesting Fingerprints

Name: _____

Address: _____

Email or Fax # for result notification _____

Employer notification email

Position Applied for _____

Applicant Notification and Record Challenge: *Your fingerprints will be used to check the criminal history records of the FBI. You have the opportunity to complete or challenge the accuracy of the information contained in the FBI identification record. The procedure for obtaining a change, correction or updating an FBI identification record are set forth in Title 28, CFR, 16.34.*

POLICE DEPARTMENT USE ONLY

Call # _____

Results: _____

Date: _____

Letter Mailed: _____