



REQUEST FOR RELEASE – FBI RAP SHEET

***Individual Requesting RAP Sheet:**

Name: _____

SSN: _____ DOB: _____

Reason Fingerprinted: _____

*This form can only be used if you have received the FBI May Not Meet Letter

Mail Results To:

Name: _____

(must be same as above)

Home Address: _____

City: _____ State: _____

Zip Code: _____ Telephone # _____

Applicants Signature: _____ Date: _____

(required)

Please fax completed form to 866-750-0214 Attn: FBI Release Desk or mail to:

Ohio BCI&I
FBI Release Desk
PO Box 365
London, Ohio 43140