

Request for Criminal History Information

Nebraska Department of Banking and Finance

<http://www.ndbf.ne.gov>

1526 K Street, Suite 300
Lincoln, NE 68508-2732
PO Box 95006
Lincoln, NE 68509-5006
402-471-2171

To: Nebraska State Patrol
Attn: Criminal Identification Division
P.O. Box 94907
Lincoln, Nebraska 68509

Reply to: Nebraska Department of Banking and Finance
P.O. Box 95006
Lincoln, Nebraska 68509-5006
Fax: (402) 471 - 3062

Department of Banking and Finance Applicant Information:	
Name of Business at which Individual will be employed:	Legal Name of Business if Different Than Name at Left:
Business Main Office Address: (City, State, Zip)	
State Patrol Criminal History Request (Please print clearly or type)	
Date of Request:	Individual's Name: (Last, First, MI)
Other Names Used: (Aliases, Maiden Name, Prior Married Name, etc.)	
Date of Birth: (DD/MM/YYYY)	Place of Birth: (City, County, State, Country)
Last Known Address: (City, State, Country, Zip)	Social Security Number:

I, the undersigned, hereby authorize the release of any and all criminal history information maintained on me to the State of Nebraska, Department of Banking and Finance.

Printed Name

Signature

For the Department of Banking and Finance:

Name

Title

Date

For use by the Department of Banking and Finance only:

Reviewed by: _____

Date: _____