

METROPOLITAN POLICE DEPARTMENT – CITY OF ST. LOUIS  
RECORDS SECTION

Mail \_\_\_\_\_

Pick Up \_\_\_\_\_

REQUEST FOR RECORD CHECK

DATE \_\_\_\_\_

(PLEASE PRINT)

Name \_\_\_\_\_ Maiden \_\_\_\_\_  
*Last First Middle*

Date of Birth \_\_\_\_\_ Race \_\_\_\_\_ Sex \_\_\_\_\_ Soc. Sec. No. \_\_\_\_\_  
*Month Day Year*

Address \_\_\_\_\_ Telephone Number \_\_\_\_\_  
*Number Street City Zip*

Please carefully select one of the following types of record checks.

\_\_\_\_\_ I am an individual requesting my own record for child care and/or nursing care employment purposes as those terms are defined by Missouri State Statute 610.120.

\_\_\_\_\_ I am an individual requesting my own record for purposes other than those cited above.

\_\_\_\_\_ I am/represent an entity entitled to closed record information as defined by Section 610.120, RSMo; or am an individual/business having notarized authorization of the above named individual to obtain his/her entire record, to include any closed record information.

\_\_\_\_\_ I am an individual/business requesting someone else's record. (NO CLOSED RECORD INFORMATION SHALL BE PROVIDED)

**No closed record information shall be released to anyone other than the subject of the record, an individual presenting the subject's notarized authorization or an entity entitled to such information as defined by Section 610.120, RSMo.**

SIGNATURE \_\_\_\_\_ SOURCE OF I.D. \_\_\_\_\_  
*Individual or Authorized Representative*

MPD FORM REC-88 (R-4) 4/02