

Minnesota Bureau of Criminal Apprehension

1430 Maryland Avenue East, Saint Paul, Minnesota 55106

DATA REQUEST BY AN INDIVIDUAL

Please **PRINT** all information except where a signature is required.

Name: _____
Last First Middle

Other names (including aliases, birth name, nicknames, maiden name, etc.): _____

Address: _____
Street Apt. /Suite #

_____ City State Zip Code

Date of birth: _____
Month Day Year (MM/DD/YYYY)

Description of data requested: _____
(Example: "My computerized criminal history")

I would like to (check one): inspect (look at) the requested data at the BCA (no charge)
 receive copies of the requested data (a fee may apply)

If you mail this form, you must sign below in the presence of a Notary Public. Mail to: Judith M. Strobel, Data Practices, Bureau of Criminal Apprehension, 1430 Maryland Avenue East, Saint Paul, MN 55106. If you bring this form to the BCA, please be prepared to show a current, government-issued photo id card.

Signature: _____

STATE OF MINNESOTA)
) ss
COUNTY OF _____)

Signed or attested before me this _____ day of _____, 20____ by

Name of requestor: _____ (Affix seal here)

Signature of Notary Public: _____

My commission expires: _____

For BCA use only — Identity verified by government-issued photo ID: _____
(Initials of staff member)