



# DATA REQUEST ON AN INDIVIDUAL OTHER THAN YOURSELF

ALL FIELDS MARKED WITH \* ARE REQUIRED FOR PROCESSING

## DATA SUBJECT

\* Name: \_\_\_\_\_  
Last First Middle

Other names (aliases, birth name, nicknames, maiden name, etc.): \_\_\_\_\_

\* Date of birth: \_\_\_\_\_  
Month (MM) Day (DD) Year (YYYY)

**\*\*Search will be conducted exactly as entered on this form\*\***

## REQUESTOR INFORMATION

\* Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Street Apt. /Suite #

\_\_\_\_\_  
City State Zip Code

Telephone: ( ) Email: \_\_\_\_\_

\* **DATA REQUESTED** (describe below):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\*Please specify year or time period: \_\_\_\_\_

\* I request that the data be provided to me as follows (check one):

- inspect (look at) the requested data at the BCA (no charge)
- receive copies via US Mail at the mailing address listed above (a fee applies when page-count exceeds 200)
- receive copies via encrypted email at the email address listed above (a fee applies when page-count exceeds 200)

**\*\*Continue to second page for completion\*\***

