



CJIS ACCESS TO TERMINAL AREA

Name: _____
Last First Middle (full)

Maiden Name/Alias: _____

Date of Birth: ____/____/____ Sex: Male Female

Race: Caucasian Black Hispanic Asian Other _____

Social Security Number: _____ - _____ - _____

Driver's License Number: _____ Issuing State _____

Address: _____

City: _____ State: _____ Zip Code: _____

Cell Phone #: _____ - _____ - _____ Alternate Phone #: _____ - _____ - _____

County Department of Employment: _____

Assigned TCN #: _____

I authorize the St. Charles County Police Department to release the appropriate criminal history information.

Signature of Employee

Date

