

South Carolina Department of Social Services

P.O. Box 1520 • Columbia, South Carolina 29202

Date: _____

CONFIDENTIAL

MEMORANDUM

To: **Director, Criminal Records Unit**
Office of Inspector General

Thru: _____ Authorized Signature
_____ Division/Office/Unit Name

From: _____ Requester
_____ Division/Office/Unit

Subject: **Request for Criminal Background Check**

Reason: _____

This portion is to be filled out by applicant only.

Request that a criminal background check of the files of the South Carolina Law Enforcement Division be made for the following person:

_____ Last Name Middle Name First Name

_____ Social Security Number (When Social Security Number is used as search criteria; signature must be affixed below.)

_____ Sex Race Date of Birth

Have you ever been convicted of a crime? Yes No If yes, where _____
City, State

and when _____?
Date

I understand that the above information will be used to conduct a criminal records check and I give my permission for a criminal records check to be done through the South Carolina Law Enforcement Division or any other law enforcement agency.

Search Results:

No Record Found _____ Signature

Record Found (See Attached) _____ Date

Any criminal history information received is confidential and is not to be disseminated or used for other than the reason requested.