

# REQUEST FOR CRIMINAL HISTORY RECORD INFORMATION FOR A NONCRIMINAL JUSTICE PURPOSE

(TYPE OR PRINT ALL INFORMATION)

**A. COMPLETE NAME AND ADDRESS OF REQUESTER**

This will be used as a mailing label - Type/Print legibly

ADDITIONAL DATA (Optional)

Township of East Brunswick  
Division of Human Resources  
P.O. Box 1081  
East Brunswick, NJ 08816

**B. SUBJECT OF THE REQUEST**

NAME (Including Maiden Name)

SBI NUMBER (If Known)

(Last Name) (Maiden Name) (First Name) (Middle)

ADDRESS

FBI NUMBER (If Known)

(Number) (Street) (City) (State)

DOB

SEX

RACE

SOCIAL SECURITY NUMBER (If furnished)

(Month) (Day) (Year)

**C. AUTHORITY AND PURPOSE OF THE REQUEST**

*(Check appropriate box to indicate the type of request and supply all other required information.)*

- Noncriminal justice purpose by a governmental entity of this State, the federal government, or any other state for any official governmental purpose, including but not limited to employment, licensing, and the procurement of services pursuant to N.J.A.C. 13:59-1.2(a)(1).  
**(Authorization By Subject Of Request And Privacy Act Notification; Certification of Requester are required.)**
- Noncriminal justice purpose by a person or non-governmental entity of this State, or any other State, for purposes of determining a person's qualifications for employment, volunteer work, or other performance of services pursuant to N.J.A.C. 13:59-1.2(a)(2).  
**(Authorization By Subject Of Request And Privacy Act Notification; Certification of Requester are required.)**
- Noncriminal justice purpose by a private detective licensed by the Division of State Police pursuant to N.J.A.C. 13:59-1.2(a)(4) and N.J.S.A. 45:19-8 et seq., for purposes of obtaining information in furtherance of the performance of their statutorily authorized functions, as specifically enumerated by N.J.S.A. 45:19-9(A) 1 to 9.  
**(Certification Of Requester is required. However, section D (3) and (4) DO NOT apply.)**

(OVER)

**D. CERTIFICATION OF REQUESTER**

I hereby certify that:

- (1) I am authorized to receive and use New Jersey Criminal History Record Information pursuant to N.J.A.C. 13:59-2(a) (1), (2), or (4) as indicated under section "C" of this request.
- (2) A. Any record(s) received shall be used solely for the authorized purpose for which it was obtained.  
B. Any record(s) received shall not be disseminated to persons not authorized to receive the record(s).  
C. The record(s) will be destroyed immediately after it has served its authorized purpose(s).  
D. In the case of a request not accompanied by fingerprints, I am aware that the SBIS cannot guarantee that the record(s) provided relates to the subject of the request.  
E. I am aware that the SBI will rely upon the accuracy and truthfulness of the information provided in this request.
- (3) The subject of this record request will be provided with adequate notice to complete or challenge the accuracy of any record(s) provided by the SBI and, if requested by the subject of this record request, will be provided with a reasonable period of time to correct or complete any information provided by the SBI. (Does not apply to private detective requests.)
- (4) The subject of this record request will not be presumed guilty of any pending arrest(s) or charge(s) indicated on any record(s) received from the SBI. (Does not apply to private detective requests.)

\_\_\_\_\_  
Type or print name of authorized person making certification

\_\_\_\_\_  
Signature of authorized person making certification

**E. AUTHORIZATION BY SUBJECT OF REQUEST AND PRIVACY ACT NOTIFICATION**

**Supervisor, State Bureau of Identification:**

I hereby authorize the release of any Criminal History Record Information maintained by your agency, meeting dissemination criteria, for the above indicated purpose to \_\_\_\_\_  
(Insert name of agency you authorize to receive this information)

Pursuant to the Privacy Act of 1974 (P.L. 93-579), I realize the disclosure of my social security number is voluntary. I also realize my social security number will be used for the purpose of facilitating the security check authorized by the above referenced authority. Any information released as a result of this authorization, including the furnishing of my social security number, shall be used only for the express purpose of processing the above indicated application.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**NOTE:** The SBI will not process photocopies of this form. The current processing fee for this document is \$18.00 pursuant to N.J.S.A. 53:1-20.6A and N.J.A.C. 13:59-1.3. A cashiers check, certified check, or money order payable to the Division of State Police - SBIS must be stapled to each SBI 212B Form.

If a fingerprint search is required, submit a completed state applicant fingerprint card and SBI 212B Form with a check for \$30.00. Staple the check to the lower left corner of the applicant fingerprint card and then staple the applicant fingerprint card to the SBI 212B Form.

**THESE FORMS ARE NOT TO BE USED TO OBTAIN A PERSONAL RECORD REQUEST.**