

CJIS NAME SEARCH REQUEST

The Criminal Justice Information Services (CJIS) has established procedures on Law Enforcement Online (LEO) for agencies to obtain name checks for individuals whose fingerprints have been rejected twice for image quality. These name checks are limited to state, federal and regulatory agencies who already have the legal authority to submit fingerprints for non-criminal justice purposes.

Agencies are required to provide the Transaction Control Numbers of the rejected fingerprint submissions as well as the Originating Agency Identifier of the contributing agency. The FBI will confirm that the fingerprints of the subject of a name check request were rejected twice for image quality. Agencies will be notified if CJIS is unable to confirm that the fingerprint submissions have been rejected twice for image quality. These name checks will only be available for 90 days after the second fingerprint rejection. After the name checks are completed, agencies will be advised if there were negative results. If candidates are generated during the name search and they are positively identified to an existing criminal record, then agencies will be provided with a copy of the criminal history record by mail or fax.

This service is not a departure from the FBI's position that reliance on name checks alone as a method of applicant criminal history screening can unfairly disqualify misidentified individuals or more importantly permit individuals who are unfit to be placed in positions of societal trust. It is merely our attempt to remain consistent with services and provide an optional way of processing the name checks.

[Link to the IAFIS site on LEO](#)

Please complete the attached form to request a name check. Please be advised that an individual's fingerprints must be rejected twice for technical issues prior to request a name check.

Please provide the following information (Required fields indicated):

ORI of State/Federal/Regulatory Agency (Required):

Agency's Point of Contact (POC) for the response (Required):

Phone number for POC (Required):

E-mail address for POC (Required, Must be a LEO Email address):

Fax number of POC: (Required)

Address of requesting agency (Required):

Street Address:

City:

State:

Zip:

Subject of Name Check

Transaction Control Number(s) (TCN) of subject's fingerprint submission (Required):

1)
2)

Name (Required):

(Last)	(First)
<input type="text"/>	<input type="text"/>

Alias (Recommended, Please enter all aliases with a comma separating each name):

Date of Birth (Required)

Select 1 2002

Place of Birth:

[Please click here to reference a list of state and country codes.](#)

Sex:

Race:

Height:

Weight:

Eyes:

Hair:

Social Security Number (Recommended):

Miscellaneous Number:

State Identification Number:

OCA:

Thank you for completing your Name Search Request form on-line.