

Records Modification Form

FBI CJIS DIVISION

REQUIRED INFORMATION:

Master Name: _____ DOB: _____ Originating Agency: _____

Additional Information: FBI #: _____ DOA: _____

MODIFIED INFORMATION: *(Including any warrant#, Citation #, Agency Case #, etc)*

Master Name:		Sex:	Race:	
Name at arrest:		HGT:	WGT:	EYE:
DOB:	SOC:	SID:		HAIR:
POB:	DOO:	Agency Case #/OCA:		ORI:
DOA:				
AKAs:				
SMTs:				
ARREST CHARGES: FROM:				
TO:				
COURT CHARGES: FROM:				
TO:				
DISPOSITIONS: FROM:				
TO:				

ADDED INFORMATION: (PLEASE NOTE: if adding a date of arrest, it must be accompanied with a fingerprint card)

SID	Agency Case #/OCA:	DOB:	SOC:	AKAs:	SMTs:

DOA: _____

Arrest Charges:
Court Charges:
Dispositions:

DELETED INFORMATION: *When requesting a deletion, removal or expungement for date of arrest or individual charges/disposition please use FBI Expungement Form*

SID	Agency Case #/OCA:	DOB:	SOC:	AKAs:	SMTs:

DOA: _____

Arrest Charges:
Court Charges:
Dispositions:

(Provide State Bureau Stamp)