



FBI FINGERPRINT BASED CRIMINAL HISTORY RECORD INFORMATION AND/OR STA RESULTS REQUEST

As provided for in Federal regulations, I _____ am requesting a copy of my: _____ (print name clearly)

FBI Criminal History Record Information STA Results (Please check all that apply)

I understand that there is a \$5.00 processing fee for this request.

SOCIAL SECURITY NUMBER: XXX – XX - _____ DATE OF BIRTH: _____

COMPANY NAME: _____ PHONE #: (____) _____

HOME ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PLEASE PROCESS MY BACKGROUND CHECKS:

_____ I am TRANSFERRING TO A DIFFERENT COMPANY OR LOCATION and would like my results faxed to that location. *Please provide the following information if you wish us to send your results directly:*

Contact Person's Full Name: _____

Contact Person's Company Name: _____

EMAIL _____

FAX #: (____) _____ PHONE#: (____) _____

_____ I will pick-up the results from the Airport after the Airport has notified me that they are available.

SIGNATURE: _____ **DATE:** _____

- In order for this request to be processed, please include a copy of your driver's license or state ID and complete one of the following:

1. Drop off request and payment in person to the Airport Credentials Office or

2. Mail request along with payment to:
Airport Security
Detroit Metropolitan Airport
Building 610
31399 East Service Drive
Detroit, MI 48242

| <u>Accepted Payment Methods</u> | |
|---------------------------------|------------------|
| Visa | MasterCard |
| Discover | American Express |
| Money Order | Personal Check |
| | Cash |

Allow 1-3 business days for your request to be processed.
Questions? Please call: (734) 942-3606