



Tennessee Bureau of Investigation
Tennessee Criminal History Information Request
 901 R.S. Gass Blvd, Nashville, TN, 37216
 TELEPHONE: (615) 744-4057 FAX: (615) 744-4651



Before submitting this request review the Memorandum related to requesting criminal history information. Please print this form and mail it (along with the required \$29.00 processing fee (Please see memo for payment methods) to: Tennessee Bureau of Investigation, 901 R. S. Gass Blvd., Nashville, Tennessee, 37216 or FAX to 615-744-4651

Date: _____ Criminal history information requested by: Robertson County Clerk Office
 Email Address: Ltaylor@RobcoTN.org (not required)
 Fax Number: 615-384-2218

Please supply a complete return address:

Print full name: Robertson County Clerk
 Street: 511 S. Brown St. City: Springfield State: TN Zip: 37172
 Special Instructions: please email

Please select preferred method for return of Background Check Results: Mail: FAX: Email:

I am requesting a Tennessee criminal history record check on the following individual:

- Complete Name, Race, Sex and Date of Birth are all **(Required Information)**
- Social Security Number and Current Address are **(Optional)**. By providing a social security number and current address you will increase the accuracy of the name-based search.

Name: _____ (Last, First, Middle) (Required Information)	
Other Names Used: _____	
Race: _____	Sex: _____ Date of Birth: _____ State of Birth: _____
Social Security Number: _____	
Current Address (If Available): (Optional Information)	
Street: _____	
City: _____	State: _____ Zip: _____

To Pay by Credit Card/Cashier's Check or Money Order:

Please be sure to include the three (3) digit authorization code located on the back of your credit card.

Card Type: VISA <input type="radio"/> Master Card <input type="radio"/> Discover <input type="radio"/> Cashier's Check <input type="radio"/> Money Order <input type="radio"/>	
Complete Name (as it appears on the card): _____	
Credit Card Number: _____	Code: _____
Expiration Date: _____	
Current Address of card holder:	
Street: _____	
City: _____	
State: _____	Zip _____
Total Amount to be Billed: \$ _____ Authorized Signature: _____	