

CJIS Name Check Request

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

ORI of State/Federal Regulatory Agency : WV920080z

Your agency's Point of Contact (POC) for the response: Melissa Spitzer

Phone Number of POC: (304)-356-4528

Fax Number of POC: (304) 558-6646

Address of requesting agency:
WV DHHR Bureau for Children and Families
350 Capitol Street, Suite 730, Charleston WV 25301:

Please fax X or mail ____ my response to this request.

Subject of Name Check

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

Name:

Alias:

Date of Birth:

Place of Birth:

Sex:

Race:

Height:

Weight:

Eyes:

Hair:

Social Security Number:

Miscellaneous Number:

State Identification Number:

OCA:

*** Please note that highlighted fields are required for name check searches**