

WVSP 39

STATE ONLY REQUEST-FINGERPRINT AUTHORIZATION

07/15

Name of Applicant _____

Address of Applicant _____

Certification: I hereby request a record check be made to find any police record on the herein named individual and by submitting this request, I understand that the submitted information will be retained by the West Virginia State Police in the Automated Fingerprint Identification System and that my fingerprint images will be stored electronically on site in a secure manner for Rap Back purposes. I certify that this is for official business and I am authorizing the below named agency/individual to obtain any record found.

Agency/Individual Name _____

Agency/Individual Address _____

Signature of Applicant _____

Facility Number (if applicable) _____