

CRIMINAL HISTORY DISSEMINATION LOG

AGENCY NAME _____ ADDRESS _____ DATE _____

NAME OF PERSON RELEASING CHRI (PLEASE PRINT)

X _____
SIGNATURE OF PERSON RELEASING CHRI

AGENCY RECEIVING CHRI _____

ADDRESS _____

PURPOSE OF REQUEST _____

NAME OF PERSON RECEIVING CHRI (PLEASE PRINT)

X _____
SIGNATURE OF PERSON RECEIVING CHRI

	SUBJECT'S NAME (LAST, FIRST, MI)	DOB(OPTIONAL)		SUBJECT'S NAME (LAST, FIRST, MI)	DOB(OPTIONAL)
1				13	
2				14	
3				15	
4				16	
5				17	
6				18	
7				19	
8				20	
9				21	
10				22	
11				23	
12				24	

NOTE: THIS FORM IS TO BE RETAINED IN THE AGENCY FILE UNTIL THE AGENCY HAS RECEIVED A SUCCESSFUL POLICY COMPLIANCE REVIEW FROM THE MSHP.

VIOLATIONS AND ASSOCIATED PENALTIES FOR MISUSE OF DISSEMINATION PRACTICES ARE STATED IN CHAPTER 43, SECTION 43.532 MISSOURI REVISED STATUTES AND TITLE 18, UNITED STATES CODE.