



## CRIMINAL RECORDS CHECK

I am requesting a Criminal History Records Check for the Charleston County Sheriff's Office Jurisdiction on myself. I understand that this background check will contain arrest data only for offenses committed in the jurisdiction of the Charleston County Sheriff's Office. The result is indicative of what is on file based on the identifiers provided and not conclusive as a complete criminal arrest history. The Charleston County Sheriff's Office will only provide up to a 20 Year Criminal Arrest History. Criminal History information for offenses committed outside the Charleston County Sheriff's Office Jurisdiction must be directed to the specific jurisdiction or to SLED. SLED may be contacted at 803-796-7111 or PO Box 21398 Columbia, SC 29221.

There is a five-dollar (\$5.00) fee assessed for this service payable at the time of request. Criminal History Documentation not picked up within ten days (10) of the request will be destroyed. Please allow five (5) working days for processing.

NAME (PRINT): \_\_\_\_\_ OTHER NAMES USED: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ APT.: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ SOCIAL SECURITY #: \_\_\_\_\_

SEX: \_\_\_\_\_ RACE: \_\_\_\_\_ ETHNICITY: \_\_\_\_\_ WEIGHT: \_\_\_\_\_ HEIGHT: \_\_\_\_\_

DRIVER'S LICENSE #: \_\_\_\_\_ STATE: \_\_\_\_\_

CONTACT PHONE#: \_\_\_\_\_ EMAIL: \_\_\_\_\_

I do hereby authorize the Charleston County Sheriff's Office to release any information in their files using the information provided above. I understand that the information released may prove unfavorable to me. I agree to hold any source of information blameless for any error in reporting this information. I hereby release all individuals from any liability arising out of, or resulting from, the release of this information.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PLACE OF EMPLOYMENT: \_\_\_\_\_