



TENNESSEE DEPARTMENT OF CORRECTION
NATIONAL CRIME INFORMATION CENTER (NCIC)
CRIMINAL HISTORY REQUEST

Date _____

SECTION I - To be completed by volunteer/employee (PLEASE PRINT CLEARLY)

Name: _____
Last First Middle
DOB: _____ SSN: _____
SEX: _____ RACE: _____
DRIVER LICENSE #: _____ ISSUE DATE: _____

List All Other States Where Person Has Resided or Worked:

1) _____ 2) _____ 3) _____ 4) _____ 5) _____ 6) _____ 7) _____ 8) _____

List All Aliases/Maiden/Legal Names Used:

1) _____
2) _____
3) _____
4) _____
5) _____
6) _____
7) _____
8) _____

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SECTION II - To be completed by Volunteer Coordinator and signed by Warden or Designee

Purpose: New Volunteer/New Employee

Site: M.L.C.C. Contact Person: Alma Harris

Telephone (901) 531-1889 Ext. Fax Number: (901) 372 0469

Authorizing Signature: _____ Title: Warden/Designee

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SECTION III - To be completed by Volunteer Coordinator (Warden/Designee for employee)

Synopsis of Information Obtained: _____

FBI# (if known): _____ SID# (if known): _____