Goose Creek Police Department Local Criminal Record Check														
u	Requestor Last Name				First Name				Middle Name					
atio					<u> </u>						•			
orm	Street Address				City							State Zip		
, Inf	Home Phone Business F				Phone		Othou	Other Phone						
stol	Dusiness F				Tione			Other Frione						
Requestor Information	Race Sex SSN			Date of Birth				Driver's License #			State			
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Acknowledgement of Limitations	I hereby request the release of any criminal history information contained in the files of the Goose Creek Police Department (agency). I understand that an administrative fee (based on latest fee schedule) is required for the research and preparation of this request. I understand that this criminal records check is limited to the files of the agency and its jurisdiction (criminal and traffic) and does not include records that may by maintained by the South Carolina Law Enforcement Division (SLED), the Federal Bureau of Investigation (FBI), or any other entity or jurisdiction. I understand that juvenile records are only released by the Berkeley County Family Court upon proper application to the court. I understand that I have the right to challenge erroneous record(s) maintained by the agency and may request a													
koux	dispute form to initiate this process. I understand that the burden of proof is upon me and not the agency.													
Aci		re of Requ	•				Date			Time				
	Oignatui	c or requ	CSIOI					_		Time	: /	4M / F	PM	
Results	☐ Criminal record on file (see comments) ☐ No criminal record on file													
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Comment(s)					See (commer	,				record	I on	піе	
ation Comment(s)	Printed I	Name of C	Clerk		See (commer	,	d for Si	No c		record	I on	піе	

Date of Records Check

Time of Records Check

AM / PM