



**OMAHA POLICE DEPARTMENT  
CRIMINAL HISTORY RECORD REQUEST**



**TO BE USED BY NON-CRIMINAL JUSTICE AGENCIES**

**CRIMINAL HISTORY REQUESTED**

PRINT ALL INFORMATION

Name (Last/First/Middle)		Date of Birth (Month/Date/Year)	Report Date (Month/Date/Year)
Maiden Name (Or Other Names Used)			Social Security Number (Optional)
Last Known Address			
City	State	Zip Code	

Name of Requesting Agency <i>Omaha Public Schools Foundation</i>		
Name and Phone Number of Individual Requesting Information <i>Staci Gowara 402-502-3032 Staci.gowara@ops.org</i>		
Mailing Address of Requesting Agency <i>3841 Farnam St</i>		
City <i>Omaha</i>	State <i>NE</i>	Zip Code <i>68131</i>

*Staci Gowara*  
Signature of Individual Requesting Information

Fee: \$7.00 (Seven Dollars)

Submit all requests to:

OMAHA POLICE DEPARTMENT  
RECORDS UNIT  
505 S 15 STREET  
OMAHA NE 68102-2769

*Staci Gowara*  
Employee Completing Report