

# Kansas Central Repository

## Manual Record Check Request

---

This page is used to provide identifying information for one person to be checked. The **Full Name** and **Date of Birth** are mandatory fields; the record check cannot be done without at least those two fields. Please include as much additional information as possible to ensure the best search is conducted. Note that each search permits the additional of one alias or maiden name. If the subject of the search has been known by three or more names, then submit a second record check form for the third name. Searching the first two names will be done in the first record check. The third name searched constitutes a new, billable record check.

Attach additional copies of this page as needed for more searches.

This is not the proper form to use for CERTIFIED record checks. If you require CERTIFIED record checks, print the *Request for Certified Record Check* form found on the KBI Public Access site: [www.accesskansas.org/kbi/criminalhistory](http://www.accesskansas.org/kbi/criminalhistory)

Requested by: Southeast Kansas Mental Health Center Requestor Code: 902KS3769

Identification of the individual to be searched:

A fingerprint card [is] [is not] included.

Full Name: \_\_\_\_\_  
Last Name First Name Middle Name (Jr, Sr, III...)

Alias/Maiden Name: \_\_\_\_\_  
Last Name First Name Middle Name (Jr, Sr, III...)

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
MM/DD/YYYY

Sex: \_\_\_\_\_ Race: \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
(City, State or Foreign Country)

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Occupation: \_\_\_\_\_

Residence: \_\_\_\_\_

For KBI Use

Total Payment for ALL searches requested. Make checks payable to: *KBI Record Check Fee Fund*

\_\_\_\_\_ Name searches at \$15 per search + \_\_\_\_\_ Certified name searches at \$25 per search = \$\_\_\_\_\_ Total Fee Enclosed.