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REQUEST FOR RELEASE – FBI RAP SHEET

*Individual Requesting RAP Sheet:

Name: _____

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Reason Fingerprinted: _____

*This form can only be used if you have received the FBI May Not Meet Letter

Mail Results To:

Name: _____

(must be same as above)

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Applicants Signature: _____ Date: _____

(required)

Please fax completed form to 740.845.2633 Attn: FBI Release Desk or mail to:

Ohio BCI&I
FBI Release Desk
PO Box 365
London, Ohio 43140