

# Kent Police Criminal History Check

Date: \_\_\_\_\_

Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Street City State

Phone: \_\_\_\_\_

SSN# \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Eye Color \_\_\_\_\_ Hair Color \_\_\_\_\_

Driver's License: \_\_\_\_\_  
Number State

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I, \_\_\_\_\_, hereby give the Kent Police Department and any  
Print Name  
of its employees permission to release to me any and all documents pertaining to my criminal  
history or arrests with the City of Kent.

Signed: \_\_\_\_\_

Arrest Date: \_\_\_\_\_ Charge \_\_\_\_\_

Arrest Date: \_\_\_\_\_ Charge \_\_\_\_\_

Arrest Date: \_\_\_\_\_ Charge \_\_\_\_\_

Arrest Date: \_\_\_\_\_ Charge \_\_\_\_\_