# WINCHESTER POLICE DEPARTMENT

338 MAIN ST., WINSTED CONNECTICUT

## REQUEST FOR LOCAL CRIMINAL HISTORY CHECK

Request Date: _____/_____/_____

Name: _____ _____DOB: _____/_____/_____
Print

Address: _____ Telephone: _____

Reason: [ ] Permit [ ] Employment [ ] School [ ] Other, _____

Name of Requestor/Employer: _____

### WAIVER

I, the undersigned, authorize the Chief of Police of the Winchester Police Department, or his designated agent, to release any and all information regarding my local criminal history with the Winchester Police Department. I understand that this information will be used for application purposes only and as it pertains to the requirements of the above-named organization or employer request.

I further waive any action, claims, or other liability against the Chief of Police of the Winchester Police Department and/or his designated agents for release of records pursuant to this request and that are in compliance with the conditions of the Connecticut General Statutes, as it pertains to the release of records. I understand that this request is for a local criminal history only, and does not include arrests and/or convictions for other local, state, or federal agencies. Furthermore, records which have been sealed pursuant to Connecticut General Statutes, or may involve active criminal cases or investigations, or juvenile matters, will not be released. Criminal history information which has exceeded the statutory retention period may also not be available.

All records checks may take up to five (5) days to process at a fee of **$10.00**.

Authorized by: _____ Date: _____/_____/_____
*Applicant*

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❒ No record found ❒ Criminal record on file as "Nolle"* ❒ Criminal Record

Charges: _____ Date: _____/_____/_____

Released by: _____ Date: _____/_____/_____
*Department Representative*

*Nolle charges will be held on file for thirteen months after the disposition date by the Court.