RI-026 (06/2018) Michigan State Police Criminal Justice Information Center AUTHORITY: MCL 28.242a;

COMPLIANCE: Voluntary, but highly recommended for expedited service.

REQUEST FOR AMENDMENT OF PUBLIC CRIMINAL HISTORY RECORD

Complete this form to request an amendment of a public Criminal History Record. Although this form is not required for a request for an amendment, the information obtained will expedite the request process.

Mail To

Michigan State Police Criminal Justice Information Center Attention: Record Challenge P.O. Box 30634 Lansing, Michigan 48909-0634

Telephone

517-241-0606

Enclosures

- A completed Applicant and Personal Identification Card (RI-008)
- A copy of the record requested to be amended

Note: An RI-008 Applicant and Personal Identification Card can be obtained at any local law enforcement agency or Michigan State Police post. Always call ahead to obtain an agency's or post's fingerprinting schedule.

I. Requestor's Information				
Full Name of Requestor (First, Middle, Last, Suffix)				Date of Birth
Street Address	City		State	ZIP Code
Driver's License State	Driver's License Number		Social Security Number	
II. Criminal History Record Information				
State ID Number From Enclosed Criminal History Recor	rd	Federal Bureau of Investigation Number	per From Submitted Criminal History Record	
Reason for Request for Amendment				
III. Signatures				
Requestor Signature				Date
Witness Signature				Date