

Department of Public Safety Bureau of Criminal Identification

CRIMINAL RECORD UPDATE REQUEST EMAIL FORM TO BCIRECORDS@UTAH.GOV

DATE:

OUR NAME:		AGENCY:		ORI:	
PHONE:	EMAIL:			PURPOSE OF THE REQUEST:	
SUBJECT'S NAME:		DOB:	SID:	OTN:	DOA:
ADD - DELETE - DECLI	INE:			CASE #	
STATUTE:	CHARGE	DESCRIPTION	N:		
COMMENT:					
CONSOLIDATE:					
OTN:	TO:				
OTN:	TO:				
OTN:	TO:				
For SID Consolidations, pleas	se contact AFIS at dpsafis	@utah.gov			