

CHALLENGE REQUEST OF PUBLIC CRIMINAL HISTORY RECORD

Complete this form to challenge a public Criminal History Record. Although this form is not required for a challenge, the information obtained will expedite the challenging process.

TO BE COMPLETED BY THE REQUESTOR			
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	
SID Number From Incorrect Criminal History Record		FBI Number From Incorrect Criminal History Record	
Reason For Challenge			
Requestor Signature			Date
Witness Signature			Date

Mail To:
Michigan State Police
Criminal Records Division
333 S. Grand Ave.
P.O. Box 30634
Lansing, Michigan 48909-0634
Attention: Record Challenge

Telephone:
• (517) 241-0606

Enclosures:
• Applicant and Personal Identification Card (RI-008)
• A copy of the record being challenged

Note: An RI-008 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.