Print Form

KING COUNTY REGIONAL AFIS IDENTIFICATION PROGRAM

AFIS Records Request
King County Sheriff's Office

Phone: (206) 263-2770 Fax: (206) 296-0898
Email: kcratpe@kingcounty.gov

Subject's Name: _____ Race: ____ Sex: ☐ M ☐ F

DOB/Age: _____ Date Range: _____ Request Date: _____

Information/Examination Requested:

☐ Fingerprints ☐ Palmprints ☐ Comparison Report

☐ Other/Special Instructions (including description of any attached documents for comparison):

_____

_____

_____

Requested by: Name: _____ Serial/Badge #: _____

Title/Rank: _____

Agency: _____ Unit: _____

Agency ORI: _____

Work E-Mail: _____ Phone: _____

I understand that the information provided shall not be released to any unauthorized persons, and shall be managed pursuant to the Code of Federal Regulations Title 28, part 20.

Signed: _____

Information Released via: ☐ In Person ☐ Letter/Mail ☐ Fax ☐ Secured E-Mail

Completed By: _____ Date: _____