

CJIS Name Check Request

Please Type or Print Clearly

Please complete the attached form to request a name check. Please be advised that an individual's fingerprints must be rejected twice for technical issues prior to requesting a name check.

***ORI of State/Federal/Regulatory Agency: USNIGC00Z**

***Your agency's Point of Contact (POC) for the response: Seneca Chavis**

***Phone number of POC: 202-632-0298**

***Fax number of POC: 202-606-4935**

***Name and Address of requesting agency:**

NIGC

90 K Street, N.E., Ste. 200

Washington, DC 20002

C/O Department of the Interior 1849

C Street N.W.

Mail Stop #1621 Washington,

D.C., 20240

Response will be faxed.

***Please complete all the below fields.**

Subject of Name Check

Two Transaction Control Numbers (TCN, E#'s) of the subjects fingerprint submission:

(1) E2020

(2) E2020

***Name:** _____ ***Alias:** _____

***Date of Birth:** _____ **Place of Birth:** _____ **Sex:** _____ **Race:** _____

***Social Security Number:** _____ **Miscellaneous Number:** _____

State Identification Number: _____ **OCA:** _____

Please note the asterisked fields are required for Name Check searches, all other fields are optional. Results provided will be the results of biographical information included in the original fingerprint submission.