

**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: Deborah Norton**

**\*Phone number of POC: 202-632-7034**

**\*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**

**Responses will be faxed.**

**\*Please complete all the above fields.**

---

**Subject of Name Check**

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

(1) E2017

(2) E2017

**\*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.**