

**CHILDREN, YOUTH AND FAMILIES DEPARTMENT**  
**PROTECTIVE SERVICES – BACKGROUND CHECK UNIT**  
**P.O. DRAWER 5160 ROOM 219**  
**SANTA FE, NEW MEXICO 87502-5160**

## **Request For Criminal Arrest Record**

This form is used to obtain an arrest record contained in the criminal history files of the State's Criminal History Records Repository pursuant to NMSA 1978, Section 29-10-8 of the Arrest Record Information Act.

I, \_\_\_\_\_, request the

**Children, Youth and Families Department – Protective Services Division**

provide me a copy of the State and Federal Record Response (FBI RAP Sheet) recently conducted for licensure as a foster/adoptive parent.

I certify that I am the person to whom such record pertains and am submitting a copy of my driver's license, state issued id or passport as verification of my identity. I further certify that the arrest record will only be utilized for the purpose of correcting or challenging my arrest record information.

\_\_\_\_\_  
(Signature)

Please provide information where you can be reached.

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

DAY TIME PHONE NUMBER \_\_\_\_\_