

SDS

MAIL

Assigned: \_\_\_\_\_

DSL#: \_\_\_\_\_

**NAVAJO POLICE DEPARTMENT  
INFORMATION MANAGEMENT SECTION (IMS)**



**CRIMINAL & TRAFFIC  
HISTORY RECORD (CTHR)**



Post Office Box 3360, Window Rock, Arizona 86515  
Phone: (928) 357-6210 Fax: (928) 357-6224

**PART I: PLEASE PRINT CLEARLY.** All completed CTHR requests will be mailed out. Processed Money Orders can not be refunded. NO EXCEPTIONS.

**FULL NAME:** \_\_\_\_\_ **ALIAS:** \_\_\_\_\_

**ADDRESS** (Mailing): \_\_\_\_\_

**CENSUS#:** \_\_\_\_\_ **DOB:** \_\_\_\_\_ **SS#:** \_\_\_\_\_

**STATE:** \_\_\_\_\_ **DRIVER LICENSE#:** \_\_\_\_\_ **EXP:** \_\_\_\_\_

**REQUESTED BY:** \_\_\_\_\_ **PHONE#:** \_\_\_\_\_

**REASON FOR REQUEST** (Employment / Housing / Personal Use): \_\_\_\_\_

**SPECIFY # OF YEARS:**  5 YEARS  10 YEARS  18TH BDAY **OTHER:** \_\_\_\_\_

**PART II:**

Request for criminal/traffic history record and police reports from non-criminal justice agencies and private citizens MUST be accompanied by a signed AUTHORIZATION FOR DISCLOSURE OF INFORMATION. If the requested information does not pertain to the requestor then such requests shall only be released upon presentation of an approved identification containing a photograph. All criteria is released & access under Navajo Police Department Policies & Navajo Nation Privacy Act (NNC 2 § 81-92).

Non-criminal justice agencies and private citizens must understand that the provided information SHALL be used for the above stated purpose ONLY and any other use SHALL result in denial of the privilege to access criminal history records contained with Information Management Section, Navajo Police Department.

Criminal Justice Agencies not conducting a Criminal Investigation must have a copy of written authorization from the individual.

**OFFICIAL POLICE REPORTS ARE PROVIDED UNDER NDPS POLICIES & NAVAJO NATION PRIVACY ACT.**

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_ **TIME:** \_\_\_\_\_

**PART III: OFFICE USE ONLY.**

DISTRICT / IMS VERIFIED			
DISTRICT	INITIAL	DATE	TIME

AMT:\$ \_\_\_\_\_ MO#: \_\_\_\_\_

AMT:\$ \_\_\_\_\_ MO#: \_\_\_\_\_

**PLEASE INCLUDE**

- VALID STATE DRIVER'S LICENSE / ID
- SOCIAL SECURITY CARD
- \$15.90 MO PAYABLE TO NAVAJO NATION
- SELF-ADDRESSED STAMPED ENVELOPE
- NN EMPLOYMENT
- RELEASE OF AUTHORIZATION

**PART IV: NOTORIAL ACKNOWLEDGMENT.** This document MUST be notarized if this form is not being verified in-person by OBI, District, or IMS Staff.

State of \_\_\_\_\_

County of \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me personally appeared \_\_\_\_\_, whose identity was proven to me on the basis of satisfactory to be the person who he or she claims to be and acknowledged that he or she signed the above / attached document.

\_\_\_\_\_  
Notary Public Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
My Commission Expires