Right of Access Provider Waiver

West Valley City Police
3577 South Market Street, West Valley City, UT 84119
Request to Obtain a Copy of My Utah Criminal History Record

I, the undersigned, am requesting a copy of my Utah Criminal History Record. I understand this record is protected by law (Utah Code Ann. §53-10-108) and may only be release to me by this agency if I appear in person with valid photo identification. This agency is not authorized to retain a copy of this record without my expressed permission.

Please Print Clearly:

Name: _____ (Last) (First) (Middle)	Date of Birth: _____ / _____ / _____
Previously Used Name(s) {Maiden, Alias, etc];	
Physical Address: _____ (Street) (City) (State) (Zip)	
Social Security #: _____	Driver License #: _____ State: _____

Initials	Please initial the Box which MOST applies:
N/A	I wish to obtain a copy of my Utah Criminal History Record to take with me today. This agency may not retain a copy for any purpose.
	I authorize a release of my Utah Criminal History record, or any part thereof, by and to any duly authorized agent of this agency to accompany my employment, volunteer, licensing, permit application, or other expressed purpose approved by me today. Any information discovered may be used to consider my suitability for the purpose of my application. **Release of information may also be released to the following department:** West Valley City Police Department

I understand these results are not verified by fingerprints and are only valid on the date printed on this record. If I wish to challenge the completeness or accuracy of this record, I must submit a completed Application to Challenge Criminal History Records with fingerprints directly to the Bureau of Criminal Identification (BCI) where I may be subject to additional fees (R7222-900-6).

I understand this waiver may be kept on file at this agency for a period of at least three (3) years and is subject to review by BCI auditors, whether or not I choose to release my record to this agency today. I agree to indemnify and hold harmless BCI, this agency, elected officials, officers, employees, agents, and volunteers associated with this application process from and against all claims, damages, losses and expenses, including reasonable attorney's fees arising out of or by reason of complying with this request.

A photocopy or electronic copy of this waiver is a valid representation of my original signature and is considered legal and binding just as the original writing of my signature.

Applicant Signature: _____ Date: _____

For Office Use Only:
Identification Verified: _____ Criminal History Completed by: _____ Date: _____

BCI Rev. April 2020 UCH 7.4