Tennessee Bureau of Investigation- TORIS Unit
901 R.S. Gass Blvd., Nashville, TN 37216
Telephone: 615-744-4057

Memorandum

The Tennessee Bureau of Investigation (TBI) is the central repository for criminal history information for the state of Tennessee. In addition to maintaining criminal history information, it is our responsibility to provide public access to this information when requested.

Criminal history information, in the state of Tennessee, is comprised of misdemeanor and felony arrests based solely on fingerprint submission by the arresting agencies. When you request criminal history information on an individual, your results will state whether the subject has or does not have a Tennessee criminal history record. If there is a record that **may be** for the individual searched (aliases will not be included) a copy of the criminal history record will be forwarded to you. The Open Records check is a TN "name-based" check only. Please do not submit fingerprint cards or other additional documentation. Only the information contained on the request will be used to process the TN criminal history check. The accuracy of the information provided is critical, as all searches are conducted based on the information given.

The cost for criminal history information is <u>$29 per request</u> and is non-refundable. Payment can be made with cash, money order, cashiers check, personal check, business check or credit card. (Personal checks will be held until the funds have cleared the bank.)

<u>Appealing the Results of a Criminal History Check</u>

If you requested a Tennessee criminal history information check on yourself or a check was requested for you and you wish to dispute the accuracy of the results, a fingerprint comparison can be performed. You must provide a copy of your fingerprints for the Tennessee Bureau of Investigation to compare against those corresponding with the criminal record found. Submit your fingerprints along with a letter stating that you wish to dispute the findings of the record check conducted in your name. **You must include a cashiers check or money order for $24.00.**

Once the comparison of fingerprints has been made, the results will be forwarded to you stating that the criminal history is either accurate or found to be inaccurate. The Tennessee Open Records Information Services unit will assist in correcting any inaccuracies identified as the result of the fingerprint comparison.

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Tennessee Criminal History Information Request Form

This request is for a Tennessee name-based criminal history background check only. Submit completed form along with the **required $29.00 processing fee**. You must indicate payment method below or Account #_____.

Date: _____ **Special Instructions:** _____

Requestor Information: Business Name _____
Print Full Name _____
Street Address _____ City _____ State ____ Zip _____
Telephone Number _____ Fax Number _____
Email Address _____
Send Results By: Mail ( ) Fax ( ) Email ( ) In Person - TBI Nashville only ( )
Note: Results will be sent within 3-5 business days.

Fill out ONLY IF results go to a different person or location other than listed above:
Send Results By: Mail ( ) Fax ( ) Email ( )
To: Name _____
Street Address _____ City _____ State ____ Zip _____
Fax Number or Email Address (if needed) _____

Background Check Subject: The accuracy of the information you provide is critical as all searches are conducted based on the information provided.
Name (Last) _____ (First) _____ (Middle) _____
A.K.A. Names (Maiden, Other, etc.)
1 (Last) _____ (First) _____
2 (Last) _____ (First) _____
Date of Birth _____ Place of Birth _____
Race _____ Sex _____ Social Security Number _____
Street Address: _____
City _____ State _____ Zip _____

Payment Method: Must select one of the options below:
Visa ( ) MasterCard ( ) Discover ( ) Cashier's Check ( ) Money Order ( )
***Credit / Debit Card use must include 3 digit authorization code located on back of card. ***
Name (as it appears on card) _____
Card Number _____ - _____ - _____ - _____ Expiration Date _____ ***3 digit Code _____
Card holder's Street Address _____
City _____ State _____ Zip _____
Total Amount to be Billed: $ _____ Authorized Signature _____