

**TBI USE ONLY**

Received

By: _____

Date: _____

Tennessee Bureau of Investigation
 901 R. S. Gass Boulevard
 Nashville, Tennessee 37216

**Lawfully Owed Offender DNA Sample
 Submittal**

Contact Information: Email:
 kamryn.dagel@tbi.tn.gov
 Phone: (615) 744-4455
 Fax: (615) 744-4391

ALL INFORMATION, INCLUDING THUMB PRINTS, REQUIRED UNLESS OTHERWISE NOTATED

LAWFULLY OWED OFFENDER INFORMATION

Name Last:		First:		Middle:	
Race:	Sex:	DOB:	SSN:		
TOMIS or SO #:	SID#:	<input type="checkbox"/> Sex Offender <i>(Is this a lawfully owed sex offender?)</i>			
Alias(s):					
Felony Conviction Offense:		Date of Conviction <small>After July 1, 1998 unless Sex Offender</small>	County and State of Conviction:		

SUBMITTING AGENCY

Agency Name:		Agency ORI:	Supervising Officer:	
Full Address:		Phone#: ()	Fax#: ()	
Date Collected:	Collected By (Name):		Collected By (Title):	

For TBI Only	Offender Left Thumb Print REQUIRED	Offender Right Thumb Print REQUIRED
Date: _____		
Initials: _____		