

**PERSONNEL SERVICES**

**Form 4120.3**

**Employment**

**Request for Arrest Record**

Best School District  
123 Main Street  
Anywhere, MO 63000  
(111) 123-4567, Fax (111) 789-1234

Date

(Prosecuting attorney, highway patrol, police official, or other custodian of records for relevant jurisdiction)  
(Address)

RE: (Name of School District and employee or applicant)

Dear (Name):

Pursuant to sections 43.540, 610.100, and 610.120, Mo. Rev. Stat. (Supp. 1993), this letter requests a copy of the complete criminal record for (Name of employee or applicant, date of birth (if known), and social security number), who (has applied for employment with/is employed by) the School District. In accordance with the provisions of the foregoing sections, the School District requests copies of all records pertaining to arrests, charges, convictions, pleas of guilty or nolo contendere, suspended imposition or execution of sentence, findings of not guilty, and any and all other dispositions of any arrests of, or charges filed against, the above-named (employee/applicant).

If you have any questions or require additional information, please call.

Sincerely,

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Superintendent