

EMPLOYEE REQUEST FOR CRIMINAL HISTORY RECORDS CHECK/ SECURITY THREAT ASSESSMENT RESULTS (PLEASE PRINT LEGIBLY IN INK-INCOMPLETE FORMS WILL NOT BE ACCEPTED)

Document(s) requested to be faxed:

ELY IN INK-INCOMPLETE FORMS WILL NOT BE ACCEPTED

CHRC Fin	gerprint Results	☐ Security Threat Assessment
Employee Information		
Last Name	First Name	Middle Name
Social Security Number	Date of Birth	Date of Request
Current SJC Airport Employer	(Company) Name	
		nd or my security threat assessment results to be ature indicates I have authorized this request.
Printed Name	Signature	Date
Name of Company/Airport t Contact Name:	o transfer copy of CRT	C/STA results to:
Contact Phone Number:		Contact Fax Number:
SJC Badging Office Use Only		
	Copy faxed by:	
File with Employee Appl	lication	