

Criminal History Review Results Page Request (CHRRP)

Program, GAO, or THA Name

License K8#, GAO, or THA Number

Name of Authorized Recipient*

Email Address of Authorized Recipient*

*Name and email address of Authorized Recipient as identified on Qualified Entity Application and Agreement (07LC112E)

To participate in the CHRRP, please complete and FAX to Office of Background Investigations (OBI) 405-522-4167