

**Florida Department of Law Enforcement
Compromised Identity Review Claim Form**

Disclaimer: This form is used for criminal record information only

Please be sure to print this form on legal 8.5" x 14" paper

FOR FDLE USE ONLY
Case #: _____
Member: _____

This form must be mailed to FDLE by the law enforcement agency that completes the fingerprint portion below

- Your Full Name (include maiden or other names used): _____

- Date of Birth: _____ Driver's License Number (optional): _____
Sex: _____ Race: _____ SSN (optional): _____
FDLE asks that you provide your SSN. The decision to provide your SSN is at your option, and if you provide your SSN, FDLE will use it for purposes of identification, and may share the information with other agencies for the same purpose. FDLE's request for your SSN is authorized by state law because use of it is imperative for FDLE to fulfill its lawful duties and responsibilities. Your failure to provide your SSN may result in a delay in processing your application or request.
- Current Mailing Address: _____
Email Address: _____
- Current Phone Number: _____ Alternate Phone Number: _____
- Have you previously completed a personal review with the FDLE? _____ If so, what was your case number? _____
- What event made you believe that your identity was used in an arrest record:
 Employment Traffic Stop Housing Theft/Loss Other: _____
- If known, please include the following information regarding the possible true offender:
Full Name (include maiden or other names used): _____
Date of Birth: _____ SSN (optional): _____ Sex: _____ Race: _____
Last known address: _____
- If you are aware of how your identity was obtained briefly describe: _____

- If known please indicate which part of your identity was used: Date of Birth SSN Name All of these
- Was the possible offender: A Relative An Acquaintance/Friend A Stranger Unknown Other: _____
- Along with this form, please provide any additional information or documentation (i.e. court or law enforcement documents) that may support your claim.
- Although the following items are not required, the FDLE would ask that you supply a photocopy of your Driver's License and Social Security card along with this claim form to expedite the resolution of your case.

*****Law Enforcement Officer or Agency Designee: Please verify identity information above against a photo ID.
Please mail completed form in your official agency envelope to:
FDLE, P.O. Box 1489, Tallahassee, FL 32302, Attn: Quality Control Section, Compromised ID*****

Signature of official taking fingerprints: _____ ORI: _____

By signing this form I hereby attest that I believe I may be a victim of identity theft and/or have had my personal identification information stolen or misused in the past.

Signature of person fingerprinted: _____ Date: _____

1. R. Thumb	2. R. Index	3. R. Middle	4. R. Ring	5. R. Little
6. L. Thumb	7. L. Index	8. L. Middle	9. L. Ring	10. L. Little
Left Four Fingers Taken Simultaneously		L. Thumb	R. Thumb	Right Four Fingers Taken Simultaneously