

Criminal Background Check

To:
Florida Department of Law Enforcement
ATTN: USB Public Records
PO Box 1489
Tallahassee, FL 32302

Date: _____

Name: _____

SS #: _____

DOB: _____

Race: _____

Sex: _____

To Whom It May Concern:

A check (made out to FDLE) for \$24.00 is enclosed. (HIIM applicant – complete this form and mail it directly to FDLE at the above address with a check for \$24.00.)

Please perform a background check on the above and send it to the following address:

Alice M. Noblin, PhD, RHIA, CCS, Director
Health Informatics & Information Management Program
4000 University of Central Boulevard
HPA 2 – Room 210D
Orlando, FL 32816-2205

Thank you,



Alice M. Noblin, PhD, RHIA, CCS, Director
Health Informatics & Information Management Program