

**TBI USE ONLY**

Received

By: _____

Date: _____

Tennessee Bureau of Investigation

901 R. S. Gass Boulevard

Nashville, Tennessee 37216

Convicted Offender DNA Sample Submittal**Contact Information:**

Email: TBI.CODIS@TN.GOV

Phone: (615) 744-4498

(615) 744-4261

(615) 744-4309

Fax: (615) 744-4690

ALL INFORMATION REQUIRED UNLESS OTHERWISE NOTATED

CONVICTED OFFENDER INFORMATION

Name Last:		First:		Middle:	
Race:	Sex:	DOB:	SSN:		
TOMIS or SO #:	SID#:	☐ Sex Offender (Is this convicted offender a sex offender?)			
Alias(s):					
Felony Conviction Offense:		Date of Conviction After July 1, 1998 unless Sex Offender		County and State of Conviction:	

REQUESTING AGENCY

Agency Name:		Agency ORI:	Supervising Officer:	
Full Address:			Phone#: ()	Fax#: ()
Date Collected:	Collected By (Name):		Collected By (Title):	

For BOPP/Community Correction Only ☐ Paid/To Be Paid ☐ Indigent Date: _____ Initials: _____	Offender Left Thumb Print	Offender Right Thumb Print
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