

CRIMINAL HISTORY RECORD NAME SEARCH REQUEST

**H.S.
209**

PURPOSE OF THIS REQUEST (Check only one):

- ADOPTION-DOMESTIC ADOPTION-INTERNATIONAL
 VISA (INTERNATIONAL TRAVEL) OTHER (please specify): _____

NAME INFORMATION TO BE SEARCHED:

LAST NAME	FIRST NAME	MIDDLE NAME	MAIDEN NAME
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RACE	SEX	DATE OF BIRTH / / (MM/DD/YYYY)	SOCIAL SECURITY NUMBER
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AFFIDAVIT FOR RELEASE OF INFORMATION:

I hereby give consent and authorize the Virginia State Police to search the files of the Central Criminal Records Exchange for a criminal history record and report the results of such search to the agent or individual authorized in this document to receive same.

Signature of Person

State of _____; County/City of _____, to wit: Subscribed and sworn to before me this _____ day of _____, 20 ____.

My Commission expires _____, 20 ____.

Signature of Notary Public

SIGNATURE OF PERSON MAKING REQUEST:

As provided in Section 19.2-389, Code of Virginia, I hereby request the criminal history record of the individual named in Section 1 and swear or affirm I have the consent of the individual to obtain their record and will not further disseminate the information received, except as provided by law.

Signature of Person Making Request

State of _____; County/City of _____, to wit: Subscribed and sworn to before me this _____ day of _____, 20 ____.

My Commission expires _____, 20 ____.

Signature of Notary Public

NAME AND MAILING ADDRESS OF AGENCY, INDIVIDUAL OR AUTHORIZED AGENT MAKING REQUEST:

Mail Reply To:

NAME	
ATTENTION	
ADDRESS	
CITY	STATE ZIP CODE

FEES FOR SERVICE:

- | | |
|---|---|
| FEES:
<input type="checkbox"/> \$15.00 CRIMINAL HISTORY SEARCH
<input type="checkbox"/> \$20.00 COMBINATION CRIMINAL HISTORY & SEX OFFENDER SEARCH | * FEES For Volunteers with Non-Profit Organizations:
<input type="checkbox"/> \$8.00 CRIMINAL HISTORY SEARCH
<input type="checkbox"/> \$16.00 COMBINATION CRIMINAL HISTORY & SEX OFFENDER SEARCH |
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* To be entitled to reduced price, services must be on volunteer basis for a non-profit organization with a tax exempt number. Attach documentation to form which supports volunteering status and include organization's name, address, and your tax exempt identification number.

METHOD OF PAYMENT: (Note: Personal Checks Not Accepted)

- ~~Business or Certified Check or Money Order (payable to Virginia State Police)~~
 Charge Card MasterCard **OR** Visa
Account Number: - - -
Expiration Date: /
Signature of Cardholder: _____
 Virginia State Police Charge Account Number:

Mail Request To:

Virginia State Police
 Central Criminal Records Exchange
 P.O. Box 85076
 Richmond, Virginia 23261-5076

FOR STATE POLICE USE ONLY – DO NOT WRITE BELOW THIS LINE

Response based on comparison of name information submitted in request against a master name index maintained in the Central Criminal Records Exchange only.

<input type="checkbox"/> No Conviction Data – Does Not Preclude the Existence of an Arrest Record <input type="checkbox"/> No Criminal Record – Name Search Only <input type="checkbox"/> No Criminal Record – Fingerprint Search <input type="checkbox"/> No Sex Offender Registration Record <input type="checkbox"/> Criminal Record Attached	Purpose code: <input type="checkbox"/> C <input type="checkbox"/> N <input type="checkbox"/> O
Date _____ By CCRE/ _____	