

Pay By: Certified Check/Money Order or Company Check to "VIRGINIA STATE POLICE"

**\*Personal Checks Not Accepted\***

|   |  |  |
|---|--|--|
| <b>MAIL REQUEST TO:</b><br><br>VIRGINIA STATE POLICE<br>CCRE<br>P.O. BOX 85076<br>RICHMOND, VIRGINIA 23261-5076 | <input type="checkbox"/> \$15 CRIMINAL HISTORY RECORD<br><input type="checkbox"/> \$20 COMBINATION CRIMINAL HISTORY/<br>SEX OFFENDER SEARCHES<br><br><b>CHECK REQUEST TYPE:</b><br><input type="checkbox"/> VISA (INTERNATIONAL TRAVEL)<br><input type="checkbox"/> ADOPTION-DOMESTIC<br><input type="checkbox"/> ADOPTION-INTERNATIONAL<br><input type="checkbox"/> CHARGE<br><input type="checkbox"/> PAID | <b>*NONPROFIT ORGANIZATION<br/>OR VOLUNTEER SERVICES</b><br><br><input type="checkbox"/> \$8.00 Criminal History<br><input type="checkbox"/> \$16.00 Combination Criminal History<br>& Sex Offender Searches |
|---|--|--|

\*To be entitled to reduce price, services must be on volunteer basis for a non-profit organization with a federal tax exempt number. Attach documentation to form which supports volunteering status and include organization's name, address and tax exempt identification number.

| Section 1. NAME INFORMATION TO BE SEARCHED |                                   |        |        |                                   |      |                          |
|--|-----------------------------------|--------|--------|-----------------------------------|------|--------------------------|
| LAST NAME - <u>PRINT ONLY</u>              | FIRST                             | MIDDLE | MAIDEN | SEX                               | RACE | DATE OF BIRTH<br><br>/ / |
| PLACE OF BIRTH - County or City            | PLACE OF BIRTH - State or Country |        |        | SOCIAL SECURITY NUMBER<br><br>/ / |      |                          |

**Section 1.A. 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

**Section 2. AGENCY, INDIVIDUAL OR AUTHORIZED AGENT MAKING REQUEST**

|   |      |            |      |       |          |  |
|---|------|------------|------|-------|----------|--|
| MAIL REPLY TO: Agency, Individual or Authorized Agent<br><br><table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="height: 30px;">NAME</td></tr> <tr><td style="height: 30px;">STREET/RFD</td></tr> <tr><td style="height: 30px;">CITY</td></tr> <tr><td style="height: 30px;">STATE</td></tr> <tr><td style="height: 30px;">ZIP CODE</td></tr> </table> | NAME | STREET/RFD | CITY | STATE | ZIP CODE | Circle Account Type and Record Requested Information:<br><br>MasterCard  _____<br>Visa  _____<br>Account Number _____<br>Expiration Date _____<br>Signature of Cardholder _____<br>State Police Account Number _____ |
| NAME  |      |            |      |       |          |  |
| STREET/RFD  |      |            |      |       |          |  |
| CITY  |      |            |      |       |          |  |
| STATE   |      |            |      |       |          |  |
| ZIP CODE  |      |            |      |       |          |  |

**Section 2.A.** As provided for 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

Note if additional copy of record is requested and include \$5.00 fee for service.

**NOTICE**

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

- No Conviction Data - Does Not Preclude the Existence of an Arrest Record.     
  No Criminal Record - Name Search Only  
 No Criminal Record - Fingerprint Search

**Department of State Police, Central Criminal Records Exchange**

Date \_\_\_\_\_ By CCRE/ \_\_\_\_\_

**CRIMINAL RECORD ATTACHED**