

## XXI PK'CRIMINAL HISTORY RECORD NAME SEARCH REQUEST

**PURPOSE OF THIS REQUEST (Check only one):**

DOMESTIC ADOPTION
  INTERNATIONAL ADOPTION \_\_\_\_\_  
COUNTRY

VISA (INTERNATIONAL TRAVEL)
  OTHER (please specify) \_\_\_\_\_

**NAME QHHPFKH WCN TO BE SEARCHED: \*P qvct k gf 'Ui pcwt g' Tgs vlt gf 'lp' Ugevkp '3' Dgnny +**

LAST NAME
FIRST NAME
MIDDLE NAME
MAIDEN NAME

<u>RACE</u>	<u>SEX</u>	<u>DATE OF BIRTH</u> / / (MM/DD/YYYY)	<u>SOCIAL SECURITY NUMBER</u>
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**Ugevkp '3' 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

State of \_\_\_\_\_  County  City of \_\_\_\_\_ ; to wit: Subscribed and sworn to before me on: \_\_\_\_\_  
(MM/DD/YYYY)

My commission expires: \_\_\_\_\_ My registration # is: \_\_\_\_\_

\_\_\_\_\_  
Signature of Notary Public

**Ugevkp '4' SIGNATURE OF PERSON MAKING REQUEST: \*Ci gpe( 'qt 'lpf ksf wriP qvct k gf 'Ui pcwt g' Tgs vlt gf )**

As provided in Section 19.2-389, Code of Virginia, I hereby request the criminal history record of the individual named above 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 Ci gpe( Individual Making Request

State of \_\_\_\_\_  County  City of \_\_\_\_\_ ; to wit: Subscribed and sworn to before me on: \_\_\_\_\_  
(MM/DD/YYYY)

My commission expires: \_\_\_\_\_ My registration # is: \_\_\_\_\_

\_\_\_\_\_  
Signature of Notary Public

**PCO G'CPF MAILING ADDRESS OF AGENCY, INDIVIDUAL OR AUTHORIZED AGENT MAKING REQUEST: \*HCi gpe( /Agent Is Receiving the Results**

**Their Notarized Signature is Required in Section 2)** \*\*\*\*\*

Mail Results To:	Please provide your contact information in case there is a discrepancy with your form.  Phone: _____  Email: _____	
NAME		
ATTENTION		
ADDRESS		
CITY	STATE	ZIP CODE

**FEES FOR SERVICE:**

<input type="checkbox"/> \$15.00 CRIMINAL HISTORY SEARCH	* FEES For Volunteers with Non-Profit Organizations:
<input type="checkbox"/> \$20.00 COMBINATION CRIMINAL HISTORY & SEX OFFENDER SEARCH	<input type="checkbox"/> \$8.00 CRIMINAL HISTORY SEARCH
	<input type="checkbox"/> \$16.00 COMBINATION CRIMINAL HISTORY & SEX OFFENDER SEARCH

\* 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 volunteer status and include organization's name, address, and the tax exempt identification number.

<p><b>METHOD OF PAYMENT: (Note: Personal Checks <u>Not</u> Accepted)</b></p> <p><input type="checkbox"/> Business or Certified check or Money order (payable to Virginia State Police)</p> <p><b>CHARGE CARD:</b> <input type="checkbox"/> MasterCard  OR <input type="checkbox"/> Visa </p> <p>Account Number: _____ - _____ - _____ Expiration: _____ / _____</p> <p>Signature of Cardholder: _____</p> <p><input type="checkbox"/> Virginia State Police PEIKA Account Number: _____</p>	<p><b>Mail This Form To:</b></p> <p style="text-align: center;">Virginia State Police Central Criminal Records Exchange – NEL P. O. Box 85076 Richmond, Virginia 23285-5076</p>
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**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. Unless fingerprints are submitted, this request will only return Virginia Convictions.

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