

Pay By: Certified Check/Money Order or Company Check to "VIRGINIA STATE POLICE"  
 \*Personal Checks Not Accepted\*

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

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

<b>Section 1.A. AFFIDAVIT FOR RELEASE OF INFORMATION</b>					
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					

<b>Section 2. AGENCY, INDIVIDUAL OR AUTHORIZED AGENT MAKING REQUEST</b>					
MAIL REPLY TO: Agency, Individual or Authorized Agent			Circle Account Type and Record Requested Information:		
<input type="checkbox"/> NAME <input type="checkbox"/> STREET/RFD <input type="checkbox"/> CITY      STATE      ZIP CODE			MasterCard  Visa  Account Number _____ Expiration Date _____ Signature of Cardholder _____ State Police Account Number _____		

**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					
<input type="checkbox"/> 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**