

**CRIMINAL HISTORY RECORD NAME SEARCH REQUEST**

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

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

**NAME INFORMATION TO BE SEARCHED:**

<b>LAST NAME</b>	<b>FIRST NAME</b>	<b>MIDDLE NAME</b>	<b>MAIDEN NAME</b>
<b>RACE</b>	<b>SEX</b>	<b>DATE OF BIRTH</b> / / (MM/DD/YYYY)	<b>SOCIAL SECURITY NUMBER</b>

**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

<small>NAME</small> ADP Screening + Selection Services	
<small>ATTENTION</small> Order Processing Department	
<small>ADDRESS</small> 301 Remington St.	
<small>CITY</small> Ft Collins	<small>STATE</small> CO <small>ZIP CODE</small> 80524

**FEES FOR SERVICE:**

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

\* 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 – Fingerprint Search	Purpose code: <input type="checkbox"/> C
<input type="checkbox"/> No Criminal Record – Name Search Only	<input type="checkbox"/> Criminal Record Attached	<input type="checkbox"/> N
<input type="checkbox"/> No Sex Offender Registration Record		<input type="checkbox"/> O

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