S.P. 167 (Rev. 7-1-2006)

# 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:**

| LAST NAME | FIRST NAME | MIDDLE NAME | MAIDEN NAME |
|---|---|---|---|
| | | | |

| RACE | SEX | DATE OF BIRTH | SOCIAL SECURITY NUMBER |
|---|---|---|---|
| | | / / (MM/DD/YYYY) | |

**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: ADP Screening and Selection Services, Inc.
ATTENTION: Casey Svenkesen
ADDRESS: 301 Remington St.
CITY: Ft. Collins STATE: CO ZIP CODE: 80524

**FEES FOR SERVICE:**

FEES:
☐ $15.00 CRIMINAL HISTORY SEARCH
☐ $20.00 COMBINATION CRIMINAL HISTORY & SEX OFFENDER SEARCH

* FEES For Volunteers with Non-Profit Organizations:
☐ $8.00 CRIMINAL HISTORY SEARCH
☐ $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 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.

☐ No Conviction Data – Does Not Preclude the Existence of an Arrest Record
☐ No Criminal Record – Name Search Only ☐ No Criminal Record – Fingerprint Search
☐ No Sex Offender Registration Record ☐ Criminal Record Attached

Purpose code: ☐ C ☐ N ☐ O

Date _____ By CCRE/ _____