

## Criminal History Record Name Search Request Instructions

Section 1: Applicant to complete

Section 2: Applicant to have notarized

Section 3: To be completed by Roanoke County Police Department (leave Section 3 blank)

Section 4: Applicant to complete

Section 5: To be completed by Virginia State Police (leave Section 5 blank)

\*\* See example on second page

### CRIMINAL HISTORY RECORD NAME SEARCH REQUEST

Section 1

**PURPOSE OF THIS REQUEST (Check only one):**  
 DOMESTIC ADOPTION       INTERNATIONAL ADOPTION \_\_\_\_\_ COUNTRY  
 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)

Section 2

**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.

State of \_\_\_\_\_  County  City of \_\_\_\_\_; to wit: Subscribed and sworn to before me on: \_\_\_\_\_ (MM/DD/YYYY)  
 Signature \_\_\_\_\_  
 Signature of Notary Public      My commission expires: \_\_\_\_\_ My registration # is: \_\_\_\_\_

Section 3

**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 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.

State of \_\_\_\_\_  County  City of \_\_\_\_\_; to wit: Subscribed and sworn to before me on: \_\_\_\_\_ (MM/DD/YYYY)  
 Signature of Individual Making Request \_\_\_\_\_  
 Signature of Notary Public      My commission expires: \_\_\_\_\_ My registration # is: \_\_\_\_\_

Section 4

**NAME AND MAILING ADDRESS OF AGENCY INDIVIDUAL OR AUTHORITY AGENT MAKING REQUEST:**  
 Mail Reply To:  
 NAME \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

Section 5

**FEES FOR SERVICE:**  
 \$15.00 CRIMINAL HISTORY SEARCH      \* FEES For Volunteers with Non-Profit Organizations:  
 \$20.00 COMBINATION CRIMINAL HISTORY & SEX OFFENDER SEARCH       \$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 volunteer status and include organization's name, address, and the tax exempt identification number.

**METHOD OF PAYMENT: (Note: Personal Checks Not Accepted)**      Mail Request To:  
 Business or Certified check or Money order (payable to Virginia State Police)  
 CHARGE CARD:  MasterCard OR  Visa **VISA**  
 Account Number: \_\_\_\_\_ Expiration: \_\_\_\_\_ / \_\_\_\_\_  
 Signature of Cardholder: \_\_\_\_\_  
 Virginia State Police Charge Account Number: \_\_\_\_\_      ATTN: NEW FORM

**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      Purpose code:  1  
 No Criminal Record – Name Search Only       No Criminal Record – Fingerprint Search       2  
 No Sex Offender Registration Record       Criminal Record Attached       0

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