

### CRIMINAL HISTORY RECORD NAME SEARCH REQUEST

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

<input type="checkbox"/> ADOPTION-DOMESTIC	<input type="checkbox"/> ADOPTION-INTERNATIONAL
<input type="checkbox"/> VISA (INTERNATIONAL TRAVEL)	<input type="checkbox"/> OTHER (please specify): _____

**NAME INFORMATION TO BE SEARCHED:**

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

Fax Reply To: (434)  
 or Mail to:

Attention: Elsa Sherrill	PTAO:
University of Virginia Human Resources (Recruitment & Staffing)	
914 Emmet Street P.O. Box 400127	
Charlottesville, VA 22904-4127	

**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 volunteering status and include organization's name, address, and your 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><input type="checkbox"/> Charge Card    <input type="checkbox"/> MasterCard     OR    <input type="checkbox"/> Visa </p> <p>Account Number:        -        -        -</p> <p>Expiration Date:        /        /</p> <p>Signature of Cardholder: _____</p> <p><input type="checkbox"/> Virginia State Police Charge Account Number:</p>	<p><b>Mail Request To:</b></p> <p style="text-align: center;">Virginia State Police                  Central Criminal Records Exchange                  P.O. Box 85076                  Richmond, Virginia 23261-5076</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.

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

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