

## CRIMINAL HISTORY RECORD NAME SEARCH REQUEST

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

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

**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 \_\_\_\_ My registration # is: \_\_\_\_\_

\_\_\_\_\_  
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 \_\_\_\_ My registration # is: \_\_\_\_\_

\_\_\_\_\_  
Signature of Notary Public

**NAME AND MAILING ADDRESS OF AGENCY, INDIVIDUAL OR AUTHORIZED AGENT MAKING REQUEST:**

Mail Reply To:

<u>NAME</u> <b>BackTrack, Inc.</b>	
<u>ATTENTION</u>	
<u>ADDRESS</u> <b>8850 Tyler Boulevard</b>	
<u>CITY</u> <b>Mentor</b>	<u>STATE</u> <b>OH</b> <u>ZIP CODE</u> <b>44060</b>

**FEES FOR SERVICE:**

- |  |   |
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| <b>FEES:</b><br><input checked="" type="checkbox"/> \$15.00 CRIMINAL HISTORY SEARCH<br><input type="checkbox"/> \$20.00 COMBINATION CRIMINAL HISTORY & SEX OFFENDER SEARCH | <b>* FEES For Volunteers with Non-Profit Organizations:</b><br><input type="checkbox"/> \$8.00 CRIMINAL HISTORY SEARCH<br><input type="checkbox"/> \$16.00 COMBINATION CRIMINAL HISTORY & SEX OFFENDER SEARCH |
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\* 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 - NF  
 P.O. Box 85076  
 Richmond, Virginia 23261-5076  
 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.

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