

CRIMINAL HISTORY RECORD NAME SEARCH REQUEST

Pay By: Certified Check/Money Order or Company Check Payable to "VIRGINIA STATE POLICE"

Personal Checks Not Accepted

MAIL REQUEST TO:

VIRGINIA STATE POLICE
CCRE
P.O. BOX 85076
RICHMOND, VIRGINIA 23261-5076

\$15 CRIMINAL HISTORY RECORD

***NONPROFIT ORGANIZATION
OR VOLUNTEER SERVICES**

CHECK REQUEST TYPE:

- VISA (INTERNATIONAL TRAVEL)
- ADOPTION-DOMESTIC
- ADOPTION-INTERNATIONAL
- CHARGE
- PAID

- \$8.00 Criminal History
- \$16.00 Combination Criminal History & Sex Offender Searches

*To be entitled to reduce price, services must be on volunteer basis for a non-profit organization with a federal tax exempt number. Attach documentation to form which supports volunteering status and include organization's name, address and tax exempt identification number.

Section 1. NAME INFORMATION TO BE SEARCHED

LAST NAME - <u>PRINT ONLY</u>	FIRST	MIDDLE	MAIDEN	SEX	RACE	DATE OF BIRTH / /
PLACE OF BIRTH - County or City	PLACE OF BIRTH - State or Country			SOCIAL SECURITY NUMBER - -		

Section 1.A. 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

Section 2. AGENCY, INDIVIDUAL OR AUTHORIZED AGENT MAKING REQUEST

MAIL REPLY TO: Agency, Individual or Authorized Agent

NAME		
MAF Background Screening		
STREET/RFD		
134 S Tamap Street		
CITY	STATE	ZIP CODE
Tampa	FL	33602

Check Account Type and Record Requested Information:

- MasterCard
- Visa

Account Number _____

Expiration Date _____

Signature of Cardholder _____

State Police Account Number _____

SECTION 2.A. 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

Note if additional copy of record is requested and include \$5.00 fee for service.

NOTICE

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

Department of State Police, Central Criminal Records Exchange

Date _____ By CCRE/ _____

CRIMINAL RECORD ATTACHED

CRIMINAL HISTORY RECORD NAME SEARCH REQUEST

INSTRUCTIONS FOR COMPLETING THE CRIMINAL HISTORY REQUEST FORM

Separate These Instructions at Preforation and Align with Request Form to Assist in Completion.

Discard these Instructions Prior to Submitting Request.

Mail the Completed Request to

**MAF Background Screening
13805 Valley Country Dr
Chantilly, VA 20151**

Type or Print Clearly and Complete the Criminal History
Record Request by Following these Instructions:

Check the appropriate box at the top of form to identify type search requested and payment method.

SECTION 1. Name, address, sex, race, date/ place of birth and social security number on whom the criminal record name search is to be conducted.

SECTION 1A. Individual's signature on which the search is to be conducted. The signature must be notarized to provide consent for the search to be conducted and to mail the processed search to an individual or authorized agent (if applicable).

SECTION 2. Name and complete mailing address of the individual, agency or authorized agent to receive the processed criminal record search form **must be completed.**

NOTE: If the "MAIL REPLY TO" area is to be returned to the same individual on whom the search is conducted, Section 2A DOES NOT REQUIRE COMPLETION.

SECTION 2A. Affidavit must be signed by individual/authorized agent to receive the search results and the signature must be notarized. NOTE: If the "MAIL REPLY TO" area contains the same name as the individual on whom the search is conducted, Section 2A DOES NOT REQUIRE completion.