

CRIMINAL RECORD INFORMATION REQUEST

In accordance with Code of Federal Regulations 28CFR20.21, Code of Virginia § 9.1-101, Code of Virginia § 19.2-389 (1950), as amended, and the Rules and Regulations of the Criminal Justice Services Commission of the Commonwealth of Virginia.

Note:

1. Unauthorized or further dissemination will subject the disseminator to criminal and civil penalties.
2. This form will be placed on file and remain on file for at least two (2) years (Code of Virginia).

(Please PRINT on application except for signatures required)

Applicant Information (name searched):

Date: _____

Name _____

Last
Suffix
Full First Name
Full Middle Name
Maiden

Sex _____ Race _____ Date of Birth _____ SS# _____

Place of Birth _____ Reason for Request _____

Current Address _____

Street #/Street Name
Apt#
City
State
Zip

Phone (_____) _____
(Include Area Code)

Applicant Notarization: I hereby give consent and authorize the Virginia Beach Police Department to search their files and Virginia Central Criminal Records Exchange (CCRE) for any 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 Named in Record _____

Subscribed and sworn to/affirmed before me this _____ day of _____, 20 _____

Notary Signature _____ My commission expires _____

Requesting Division: As provided for in Section 19.2-389, Code of Virginia, I hereby request the criminal history record of the individual named in Section I above and swear or affirm that I have the consent of the person to obtain his/her record and will not further disseminate the information received, except as provided by law.

Signature of Person Making Request _____ Date: _____

Print: _____

Rank/Title
Name
Assignment

Below For Office Use ONLY

Identification: _____

____ No Criminal Record

____ Positive Criminal Record

Clerk's Signature: _____ Code: _____

Date: _____

Position (volunteer, college intern, Project Lifesaver, CAC, A/C, other): _____

Approved By: _____ Work Location: _____

ID Printed By: _____ Date: _____ ID Expiration: _____

(Return completed form to the VBPB Volunteer Resource Manager's Office)