

# 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 \_\_\_\_\_ 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)**