S.P. 167 (Rev. 7-1-2006)

CRIMINAL HISTORY RECORD NAME SEARCH REQUEST

PURPOSE OF THIS REQUEST (Check only one):

☐ ADOPTION-DOMESTIC ☐ ADOPTION-INTERNATIONAL

☐ VISA (INTERNATIONAL TRAVEL) ☑ OTHER (please specify): EMPLOYMENT

0069255446

NAME INFORMATION TO BE SEARCHED:

LAST NAME	FIRST NAME	MIDDLE NAME	MAIDEN NAME

RACE	SEX	DATE OF BIRTH (MM/DD/YYYY)	SOCIAL SECURITY NUMBER

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:

Mail Reply To

NAME: APPLICANT INSIGHT

ATTENTION:

ADDRESS: PO BOX 458

CITY: NEW PORT RICHEY STATE: FL ZIP CODE: 34656

FEES FOR SERVICE:

FEES:

☐ $15.00 CRIMINAL HISTORY SEARCH

☐ $20.00 COMBINATION CRIMINAL HISTORY & SEX OFFENDER SEARCH

* FEES For Volunteers with Non-Profit Organizations:

☐ $8.00 CRIMINAL HISTORY SEARCH

☐ $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.

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.

☐ No Conviction Data – Does Not Preclude the Existence of an Arrest Record

☐ No Criminal Record – Name Search Only ☐ No Criminal Record – Fingerprint Search

☐ No Sex Offender Registration Record ☐ Criminal Record Attached

Purpose code: ☐ C ☐ N ☐ O

Date _____ By CCRE/ _____