



Police Department

# ARREST RECORD CHECK REQUEST (Notarized)

## Arrest Record Check Request

Last Name, First, Middle (please print)		Race	Sex	Date of Birth	Place of Birth
Address			Social Security Number		
			System ID#		
			Phone Number		

Purpose of request:  Criminal Justice  Non-criminal  Visa Purposes

*This department regrets that it can no longer legally provide criminal history record information to individuals except under special circumstances. **Virginia Law 9.1-132** allows persons the right to access their records for review and/or challenge purposes. Employers or investigators are no longer permitted to receive criminal history record information unless such information is required by state or federal statute or an executive order of the President or Governor that expressly refers to criminal conduct or to carry out investigations concerning suitability for access to classified information.*

I understand the provisions of **Section 9.1-136 Code of Virginia** which states; "Any person who willfully and intentionally requests, obtains or seeks to obtain criminal history record information under false pretenses, or who willfully and intentionally disseminates or seeks to disseminate criminal history record information to any agency or person in violation of this article...., shall be guilty of a Class 2 misdemeanor."

I certify that this request is being made in accordance with **Title 9.1-132** of the Code of Virginia, as amended.

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Check One:  No Record Found  See Attached

Remarks: *Unauthorized dissemination will subject the disseminator to criminal and civil penalties. This challenge request is limited to Lynchburg charges only. Only adult conviction data provided. **NOT TO BE DISSEMINATED FURTHER, EXCEPT AS PROVIDED BY LAW.***

Searched by \_\_\_\_\_

Date \_\_\_\_\_

City of: \_\_\_\_\_ The foregoing instrument was acknowledged before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

by: \_\_\_\_\_  
(person seeking acknowledgement)

Printed Name of Notary Public \_\_\_\_\_

My commission expires the \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_.

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