



Police Department

CRIMINAL BACKGROUND CHECK RELEASE FORM

Please Return Completed form with payment to:
Lynchburg Police Department
Attn: Records Section
905 Court Street
Lynchburg, VA 24504

Agency/Individual: _____

Name: _____

Social Security Number: _____

Date of Birth: _____

Current Address: _____

The undersigned individual does hereby authorize agents of (or individual as stated above) _____ to inquire into his/her background for any record or criminal history. It is understood that this criminal history check will contain only local criminal history conviction data.

Signature Date

City of: _____ The foregoing instrument was acknowledged before me

_____ on this ____ day of _____, 20____

(person seeking acknowledgement)

by: _____
Printed Name of Notary Public

Signature of Notary Public

My commission expires the _____ day of _____ 20____.

Notary Seal

Do not write below this line

Check One: See Attached

No Record Found Searched by _____ Date _____

Remarks: *Unauthorized dissemination will subject the disseminator to criminal and civil penalties. This record check is limited to Lynchburg charges only. Only adult conviction data provided.*