

**Central Records
Chesapeake Police Department
304 Albemarle Drive
Chesapeake, Virginia 23322**

CRIMINAL HISTORY RECORD REQUEST

| | |
|------------------|--|
| Date of Request: | Cite the specific reason: Citizen Advisory Group Member |
|------------------|--|

Self Viewing**
 Employment reasons. (conviction data only)
 Organization required (entitled by statute)
 Routine criminal justice (CCRE query made prior)

Criminal justice ongoing investigation. (request for CCRE query mandatory)
 Other CAG Member

*** If applicable, include the specific statute/executive order, etc. that requires/entitles you to receive this information:*

PERSON NAMED IN RECORD: (Please Print Legibly)

| LAST NAME: | FIRST NAME: | MIDDLE NAME: | Sex: | Race: | Date Of Birth: |
|------------|-------------|--------------|------|-------|----------------|
| | | | | | |

| Address: | Phone Number: |
|----------|---------------|
| | |

| City or County of Birth: | State or Country of Birth: | Social Security Number: |
|--------------------------|----------------------------|-------------------------|
| | | |

PERSON REQUESTING RECORD: (Please Print Legibly)

| Name: | Address: | Phone Number: |
|--|---|---------------|
| Lt. Jeff Carter, Administrative Assistant to the Chief of Police | 304 Albemarle Dr. Chesapeake, Va. 23322 | (757)382-8825 |

Signature of Requestor: _____

*If this request is submitted by an employer for a routine criminal record check, the following must be completed. **The potential member must authorize, by evidence of his/her notarized signature, this record check.** The individual thereby allows the department to furnish such information as prescribed by the Code of Virginia; Title 19.2-389, as amended. The penalty for misuse of any criminal history record information is a Class 2 Misdemeanor, punishable by up to six months in jail and a fine of up to \$1000.00, either or both.*

| Potential Member's Signature: | Date: | |
|-------------------------------|-------|---------------------|
| | | |
| Notary's Signature: | Date: | Commission Expires: |
| | | |