

CITY OF LEXINGTON

Police Department

P.O. Box 938, 11 Fuller Street

Lexington, Virginia 24450

[540] 462-3705; fax [540] 463-9257

LOCAL ARREST RECORD CHECK

please print or type

Name: _____

Date of Birth: ____/____/____

Address: _____

Place of Birth: _____

City, State, Zip: _____

Race _____ **Sex** **M** **F**

Operator License #: _____

SS#: _____

Phone #s: (h) _____ (w) _____ (c) _____

This department regrets that it can no longer legally provide criminal history record information to individuals except under special circumstances. Virginia law 19.2-389 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.*

There is a \$10 fee for each request.

I certify that this request is being made in accordance with Title 19.2-389 of the Code of Virginia, as amended.

- Criminal Justice Purposes Non-criminal Purposes Visa Purposes

Signature

Date

Print name

If you desire to obtain criminal history information and are eligible under the above limitations, please complete the following:

For the purpose of ascertaining its completeness/accuracy, I request to inspect a copy of such criminal history information concerning the named individual maintained in the files of the Lexington Police Department. I understand the provisions of Section 9-195 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."

Signature

Name (print)

City of _____; Commonwealth of Virginia

The foregoing instrument was acknowledged before me this ____ day of _____,

20____, by _____.

My commission expires: _____.

Notary Public

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

Office use only

- No Record Found** **For charges, see reverse** **Pending Court Disposition**

Signature

Date

