



Sheriff Michael L. Chapman

LOUDOUN COUNTY SHERIFF'S OFFICE

803 Sycolin Road SE, Leesburg, Virginia 20175
Telephone 703-777-0407

CRIMINAL HISTORY RECORD CHECK

The following response is based on a comparison of information submitted in this request against a master name index maintained by the Loudoun County Sheriff's Office. Criminal history information for the Virginia State Police, Leesburg Police Department, Purcellville Police Department and Middleburg Town Police will need to be requested through those agencies.

PART 1: PERSON NAMED IN RECORD

LAST NAME, (Suffix: Jr., Sr., etc)	FIRST NAME	MIDDLE NAME	SEX / RACE	BIRTHDATE
ALIAS (Maiden Name, Married Names, etc.)			SOCIAL SECURITY NUMBER	
ADDRESS	CITY	STATE	ZIP	

I hereby give consent and authorize the Loudoun County Sheriff's Office to search their files for any criminal history record and report the results of any conviction data to myself or to the agent/individual authorized in this document to receive same.

SIGNATURE OF REQUESTER

PART 11: AGENCY, INDIVIDUAL OR AUTHORIZED AGENT MAKING REQUEST

NAME: _____ ADDRESS: _____
 CITY: _____ STATE: _____ ZIP: _____

As provided for in Section 19.2-389, Code of Virginia, I hereby request the criminal history record of the individual named in Part 1 above and swear or affirm that I have the consent of the person to obtain his/her record and will not further disseminate the information received except as provided by law.

SIGNATURE OF REQUESTER

State of Virginia, County of Loudoun
 Subscribed and sworn before me this _____ day of _____ 20____.
 My commission expires: _____ Notary Public: _____

OFFICE USE ONLY		
DATE : _____	NO CONVICTION DATA	_____
OFFICIAL : _____	CONVICTION DATA (OVER)	_____

