


XKI PK'CRIMINAL HISTORY RECORD NAME SEARCH REQUEST FORM MUST HAVE BARCODE

PURPOSE OF THIS REQUEST (Check only one):

DOMESTIC ADOPTION INTERNATIONAL ADOPTION _____ COUNTRY

VISA (INTERNATIONAL TRAVEL) OTHER (please specify) PRE-EMPLOYMENT



0069937833

NAME INFORMATION TO BE SEARCHED:

LAST NAME	FIRST NAME	MIDDLE NAME	MAIDEN NAME
DOE	JOHN	THOMAS	

RACE	SEX	DATE OF BIRTH	SOCIAL SECURITY NUMBER
W	M	01 / 01 / 1900 <small>(MM/DD/YYYY)</small>	000-00-0000

AFFIDAVIT FOR RELEASE OF INFORMATION:

I hereby give consent and authorize the Virginia State Police to search the files of the Central Criminal Records Exchange for a criminal history record and report the results of such search to the agent or individual authorized in this document to receive same.

CANDIDATE'S SIGNATURE

Signature

State of NOTARY COMPLETES County City of NOTARY COMPLETES ; to wit: Subscribed and sworn to before me on: NOTARY COMPLETES
(MM/DD/YYYY)

NOTARY SIGNATURE My commission expires: NOTARY COMPLETES My registration # is: NOTARY COMPLETES
Signature of Notary Public

SIGNATURE OF PERSON MAKING REQUEST:

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

RESEARCHER SIGNATURE

Signature of Individual Making Request

State of NOTARY COMPLETES County City of NOTARY COMPLETES ; to wit: Subscribed and sworn to before me on: NOTARY COMPLETES
(MM/DD/YYYY)



NOTARY SIGNATURE My commission expires: NOTARY COMPLETES My registration # is: NOTARY COMPLETES
Signature of Notary Public

NAME AND MAILING ADDRESS OF AGENCY, INDIVIDUAL OR AUTHORIZED AGENT MAKING REQUEST:

Mail Reply To: NAME EASYBACKGROUNDS INC. ATTENTION RESEARCH TEAM RESEARCHER'S NAME PRINTED (Ex. John Smith) ADDRESS PO BOX 5232 49 ASHLAND STREET CITY STATE ZIP CODE MANCHESTER NH 03108	Please provide your contact information in case there is a discrepancy with your form. Phone: <u>(866)791-9009</u> Email: <u>research@easybackgrounds.com</u>
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FEES FOR SERVICE:

<input checked="" type="checkbox"/> \$15.00 CRIMINAL HISTORY SEARCH <input type="checkbox"/> \$20.00 COMBINATION CRIMINAL HISTORY & SEX OFFENDER SEARCH <small>* To be entitled to reduced price, services must be on volunteer basis for a non-profit organization with a tax exempt number. Attach documentation to form which supports volunteer status and include organization's name, address, and the tax exempt identification number.</small>	* FEES For Volunteers with Non-Profit Organizations: <input type="checkbox"/> \$8.00 CRIMINAL HISTORY SEARCH <input type="checkbox"/> \$16.00 COMBINATION CRIMINAL HISTORY & SEX OFFENDER SEARCH
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<p>METHOD OF PAYMENT: (Note: Personal Checks Not Accepted)</p> <input checked="" type="checkbox"/> Business or Certified check or Money order (payable to Virginia State Police) <p>CHARGE CARD: <input type="checkbox"/> MasterCard  OR <input type="checkbox"/> Visa </p> Account Number: _____ Expiration: ____/____ Signature of Cardholder: _____ <input type="checkbox"/> Virginia State Police Charge Account Number: _____	<p align="center">Mail Request To:</p> <p align="center">Virginia State Police Central Criminal Records Exchange – NF P. O. Box 85076 Richmond, Virginia 23285-5076</p> <p align="center">ATTN: NEW FORM</p>
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FOR STATE POLICE USE ONLY – DO NOT WRITE BELOW THIS LINE

Response based on comparison of name information submitted in request against a master name index maintained in the Central Criminal Records Exchange only.

<input type="checkbox"/> No Conviction Data – Does Not Preclude the Existence of an Arrest Record <input type="checkbox"/> No Criminal Record – Name Search Only <input type="checkbox"/> No Criminal Record – Fingerprint Search <input type="checkbox"/> No Sex Offender Registration Record <input type="checkbox"/> Criminal Record Attached Date: _____ By CCRE/ _____	Purpose code: <input type="checkbox"/> C <input type="checkbox"/> N <input type="checkbox"/> O
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