

Updated: 3-28-19
SP-167 (Revised 12-01-2012)

CRIMINAL HISTORY RECORD NAME SEARCH REQUEST

Purpose of this request: **Adoption**

MUST ATTACH COPY OF DRIVERS LICENSE

NAME INFORMATION TO BE SEARCHED:

Last Name First Name Middle Name Maiden Name

Race Sex Date of Birth (MM/DD/YYYY) Social Security Number

AFFIDAVIT FOR RELEASE OF INFORMATION:

I hereby give consent and authorize the Virginia State Police/Northumberland County Sheriff's Office 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.

Signature

State of Virginia, County of Northumberland

Name and mailing address of agency, individual or authorized agent making request:

Northumberland County Animal Shelter
P.O. Box 305
Heathsville, VA 2473

Office of the Sheriff
Northumberland County
P.O. Box 310
Heathsville, VA 22473

I find no reason why this person should not adopt an animal.

I do not approve this person to adopt an animal.

Animal name: _____

Date: _____

If no adoption is completed this will be disposed of in sixty (60) days.