



CRIMINAL HISTORY RECORD REQUEST
This information is for employment purposes only.

Date: _____ **Department/Budget Code:** _____

P.O. Box 6889
 Radford, VA 24142

Position Number: _____ **Position Title:** _____

(540) 831-5421/5008
 (540) 831-5128 TTY
 (540) 831-6278 FAX

www.radford.edu

Supervisor: _____ **Phone:** _____

An Equal Opportunity/
 Affirmative Action
 Institution

LAST NAME – <u>PRINT ONLY</u>	FIRST	MIDDLE	MAIDEN	SEX	RACE	DATE OF BIRTH / /
PLACE OF BIRTH – County or City		PLACE OF BIRTH – State or Country			SOCIAL SECURITY NUMBER	

PLEASE LIST ALL ALIASES (OTHER NAMES YOU HAVE GONE BY):

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 any criminal history record and report the results of such search to Radford University. Furthermore, if I have lived outside Virginia during the past seven years, I authorize ApplicantInsight, Inc. to conduct a criminal history search and provide the information to Radford University.

Signature of Person Named in Record

State of _____; County/City of _____, to wit:
 Subscribed and sworn to before me this ___ day of _____, 20___. My commission expires _____, 20__.

Signature of Notary Public

List all states and counties outside Virginia where you have lived during the past seven years. Please print.

STATE	COUNTY	DATE (month/year to month/year)
_____	_____	_____
_____	_____	_____
_____	_____	_____