



Request for Records (Inactive Offender Only)

I _____ Request the Virginia Department of Corrections to provide me the following information (specify information requested):

Additional Identifiers to Process Request

DOC # _____

Date of Birth: _____

Last 4 Digits of Social Security No: _____

Signature

Date

FOR NOTARY PUBLIC'S USE ONLY:

State of _____ [] City [] County of _____ Acknowledged, subscribed and sworn to before me this _____ day of _____, 20_____.

Notary Name

_____ Notary Registration Number _____

Notary Public's Signature

(My commission expires: _____)

**Forward completed original form to:
Virginia Department of Corrections
Attn: Central Criminal Records
P.O. Box 26963
Richmond, Virginia 23261**

