



The Town of Leesburg Police Department



65 Plaza Street, N.E. • 20176 • 703-771-4500 • Police Department • FAX: 703-771-4531 • www.leesburgva.gov

CRIMINAL HISTORY RECORD INFORMATION REQUEST

Limited to a history of criminal arrests by the Leesburg Police Department
from **February 2009-PRESENT**

NAME:

_____ (Last) (First) (Middle)

RACE: _____ SEX: _____ DOB: _____ SSN: _____

MAIDEN NAME/AKA: _____

CURRENT/PRIOR ADDRESS: _____

*This request is made in accordance with Virginia Code Section 2.2-3706 and is not to be further disseminated. The penalty for misuse of the information is a Class 2 Misdemeanor. Any person who willfully and intentionally requests, obtains, or seeks to obtain criminal history record information under false pretenses, or who willfully and intentionally disseminates criminal history record information to an agency or person in violation of this Article, shall be guilty of a Class 2 Misdemeanor, *(Section 2.2-3714).*

Please note that the Leesburg Police Department will not include any information regarding criminal history related to simple possession of marijuana in compliance with Virginia Code Section 19.2-389.3(A). If you are representing an entity that believes it is entitled to this information under one of the exceptions set forth in Virginia Code Section 19.2-389.3(A)(i) thru (xii), you must state in the email through which you submit this Information Request (and any accompanying documents) who you represent and the exception under which you are entitled to seek disclosure of such criminal history related to marijuana possession.

NAME OF REQUESTING AGENCY: _____

ADDRESS OF REQUESTING AGENCY: _____

SIGNATURE: _____ DATE: _____

****see reverse side****

