

VA Department of Social Services
Office of Background Investigations – Search Unit
801 East Main Street, 6th Floor, Richmond, VA 23219-2901

Central Registry Release of Information Form

Search Fee \$10.00

Purpose of Search, Check one:		<input type="checkbox"/> Adam Walsh Law	<input type="checkbox"/> Adoptive Parent	<input type="checkbox"/> Babysitter/Family Day Care
<input type="checkbox"/> CASA	<input type="checkbox"/> Children's Residential Facility	<input type="checkbox"/> Custody Evaluation	<input type="checkbox"/> Day Care Center	<input type="checkbox"/> Foster Parent
<input type="checkbox"/> Institutional Employee	<input checked="" type="checkbox"/> Other Employment	<input type="checkbox"/> School Personnel	<input type="checkbox"/> Volunteer	<input type="checkbox"/> Other

MAIL SEARCH RESULTS TO: Agency, Individual or Authorized Agent Requesting Search

Name	American Logistics Company	Payment/FIPS Code (Use only if assigned by OBI-CRU)				
Address	1141 West Silicon Way, Suite B					
City	St. George		State	UT	Zip	84770
Contact Name	Cody Willits		Tel.#	866-999-3371	Ext	146
Contact E-Mail	driverdocs@alcsolutions.com	Mandatory if agency code has been assigned				

PART I: DETAILS OF INDIVIDUAL WHOSE NAME MUST BE SEARCHED

Last Name	First Name	Full Middle Name – (given at birth) - No initials (if middle name is an initial, indicate "Initial Only")		
Maiden Name (last name before marriage)	Sex	Date of Birth (MM/DD/YYYY)	Race	
	<input type="checkbox"/> Male <input type="checkbox"/> Female			
Driver's License Number or ID #	Social Security Number	Other names used; nicknames, legal names (refer to instruction page)		
Current Address (Include Street # and Apt #)	City	State	Zip	

Applicant's Prior Addresses

Include Street # and Apt #	City	State	Zip	Start Date (MM/YY)	End Date (MM/YY)

Marital Status ☐ Single ☐ Married ☐ Divorced ☐ Widowed ☐ Partner

If married, list current spouse. If previously married, list all previous spouses. If you have never been married, write 'N/A'.

Last Name	First Name	Full Middle Name (given at birth)	Maiden Name	Race	Sex	Date of Birth (MM/DD/YYYY)
					<input type="checkbox"/> Male <input type="checkbox"/> Female	
					<input type="checkbox"/> Male <input type="checkbox"/> Female	
					<input type="checkbox"/> Male <input type="checkbox"/> Female	

List all of your children. If you have none, write 'N/A'. Include all adult children, step and foster children not living with you.

Last Name	First Name	Full Middle Name (given at birth)	Relationship	Sex	Date of Birth (MM/DD/YYYY)
				<input type="checkbox"/> Male <input type="checkbox"/> Female	
				<input type="checkbox"/> Male <input type="checkbox"/> Female	
				<input type="checkbox"/> Male <input type="checkbox"/> Female	

