



**U.S. VIRGIN ISLANDS POLICE DEPARTMENT
POLICE RECORD CHECK
ARREST/DISPOSITION**

FULL NAME: LAST FIRST MIDDLE

FORMER OR MAIDEN NAME:

ADDRESS (Residential):

DATE OF BIRTH:

PLACE OF BIRTH:

SOCIAL SECURITY NUMBER:

(Proof of U.S. Citizenship required)

Signature of Applicant /Date (allowing this record check) Email & Phone#

PURPOSE OF THIS REQUEST:

OFFICIAL USE ONLY

DATE REQUEST RECEIVED:

DATE RECORD CHECK MADE:

REQUEST POSITIVE:

NEGATIVE:

RECORD CHECK COMPLETED BY:

RECORD CHECK FEE(\$12.00):

PAID

NOT PAID

Please PRINT all information clearly and legibly and make sure that all information is correct

THANK YOU FOR YOUR COOPERATION