



Request for Inactive Inmate or CCAP Probationer/Parolee Records

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

Additional Identifiers to Process Request

Prior DOC Number: _____

Date of Birth: _____

Last 4 Digits of Social Security Number: _____

Requestor Signature

Date

Notary Public's Use Only:

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

Notary Public's 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**

