



CITY OF  
**MARTINSBURG**  
MUNICIPAL COURT

232 North Queen Street  
Martinsburg, WV 25401

(P) (304) 264-2100  
(F) (304) 264-2143

## Request for Local Criminal Record Check

### Subject of Record Check

Full Name: \_\_\_\_\_  
(Last, First and Middle)

Date of Birth: \_\_\_\_\_  
(Month / Day / Year)

Social Security Number: \_\_\_\_\_

### Authorization

I hereby authorize the release of any/all of my records by the Martinsburg Police Department and City of Martinsburg, West Virginia.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Requesting Agency Information

Name of Requesting Agency/Individual: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone Number: \_\_\_\_\_

Please release records to me:  In person  By mail to the above address

Printed Name of Authorized Representative: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

***Records released by the Martinsburg Municipal Court are records from the Martinsburg Police Department only. We do not maintain records for any felony arrests nor any other agency's records.***