PENNSYLVANIA STATE POLICE REQUEST FOR CRIMINAL RECORD CHECK VOLUNTEER ONLY

1-888-QUERYPA (1-888-783-7972)

FOR CENTRAL REPOSITORY USE ONLY

CONTROL NUMBER

This form is to be completed in ink by the requester – (information will be mailed to the requester only). If this form is not legible or not properly completed, it will be returned unprocessed to the requester.

TRY OUR WEBSITE FOR A QUICKER RESPONSE https://epatch.pa.gov

REQUESTER NAME					
ADDRESS		AF	AFTER COMPLETION MAIL TO:		
		PEN	INSYLVANIA STATE P	OLICE	
CITY/STATE/		~-	NTRAL REPOSITORY		
ZIP CODE			1800 ELMERTON AVE ARRISBURG, PA 17110	-	
TELEPHONE NO.					
(AREA CODE)					
<u> </u>					
SUBJECT OF RECORD CHECK					
(FIRST)	(MIDDLE)	(LAST)	(LAST)		
MAIDEN NAME AND/OD ALIACEC	COCIAL CECURITY NUMBER	DATE OF BIRTH	l of v	DAGE	
MAIDEN NAME AND/OR ALIASES	SOCIAL SECURITY NUMBER	DATE OF BIRTH (MM/DD/YYYY)	SEX	RACE	
			Select	Select	
VOLUNTEER'S AGENCY/ORGANIZATION (MANDATORY)		TELEPHONE NUMB	ER		
The Pennsylvania State Police re	esponse will be based on the c	omparison of the data	provided by the re	eauester	
	tained in the files of the Penns				
By signing this form, I verify that I a					
status as an unpaid volunteer. I volunteer.	understand that the \$22 fee is	being waived because	e of my status as	an unpaid	
voidinger.					
REQUESTER SIGNATURE (*Signatur	e required for processing*)	DATE			

WARNING: 18 Pa.C.S. 4904(b) UNDER PENALTY OF LAW - MISIDENTIFICATION OR FALSE STATEMENTS OF IDENTITY TO OBTAIN

CRIMINAL HISTORY INFORMATION OF ANOTHER IS PUNISHABLE AS AUTHORIZED BY LAW.