REQUESTER NAME

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. *A response may take four weeks or longer.*

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

				AETER COA	ADI ETION MAI	I TO:
ADDRESS				AFTER COMPLETION MAIL TO:		
					NIA STATE PO EPOSITORY –	
CITY/STATE/					IERTON AVEN	_
ZIP CODE				HARRISBU	RG, PA 17110-	9758
TELEPHONE NO.						
(AREA CODE)						
	0110 1507 05					
(FIRST)	SUBJECT OF	RECORD CHECK (MIDDLE)	(1.00	(LACT)		
(FIRST)		(MIDDLE)	(LA	(LAST)		
MAIDEN NAME AND/OR ALIASES		SOCIAL SECURITY NUMBER		E OF BIRTH	SEX	RACE
MAIDEN NAME AND/OR ALIASES		SOCIAL SECURITY NUMBER		/DD/YYYY)	SEX	KACE
				•		
VOLUNTEER'S AGENCY/ORGANIZATION (MANDATORY)			TEL	EPHONE NUMBER		
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The Pennsylvania State Police response will be based on the comparison of the data provided by the requester against the information contained in the files of the Pennsylvania State Police Central Repository only.						
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Dy signing this for	m Lyarify that La	n aubmitting this request for or	iminal history	record information	n connection	v with my
		n submitting this request for cr understand that the \$22 fee i				
volunteer.	ald volunteer.	understand that the \$22 lee i	s being waiv	ed because of my	status as a	n unpaid
volunteer.						
REQUESTER SIGNATURE (*Signature required for processing*)			DATE			
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