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 https://epatch.state.pa.us

REQUESTER NAME						
ADDRESS		<u> </u>	AFTER COMPLETION MAIL TO:			
ABBRESS			PENNSYLVANIA STATE POLICE			
CITY/STATE/			_	EPOSITORY – IERTON AVEN		
ZIP CODE				RG, PA 17110-		
TELEPHONE NO.						
(AREA CODE)						
i						
		_				
SUBJECT OF RECORD CHECK						
IRST) (MIDDLE)		(LAS	Τ)			
MAIDEN NAME AND/OR ALIASES	SOCIAL SECURITY NUMBER	DATE	OF BIRTH	SEX	RACE	
		(MM/I	DD/YYYY)			
VOLUNTEER'S AGENCY/ORGANIZATION (MANDATORY)		TELEI	PHONE 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 <u>cont</u>	ained in the files of the Pennsylva	nia State	e Police Central R	epository o	nly.	
By signing this form, I verify that I am submitting this request for criminal history record information in connection with my						
status as an unpaid volunteer. I						
volunteer.						
REQUESTER SIGNATURE (*Signature required for processing*) DA		DATE				
WARNING: 18 Pa.C.S. 4904(b) UNDE	R PENALTY OF LAW - MISIDENTIFICATION	N OR FALS	SE STATEMENTS OF I	DENTITY TO O	BTAIN	
· ,	F ANOTHER IS PUNISHABLE AS AUTHORI					