## 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 <a href="https://epatch.state.pa.us">https://epatch.state.pa.us</a>

REQUESTER NAME					
ADDRESS			AFTER COMPLETION MAIL TO:		
			PENNSYLVAI	NIA STATE PO	LICE
CITY/STATE/			-	EPOSITORY -	
ZIP CODE			1800 ELMERTON AVENUE HARRISBURG, PA 17110-9758		
TELEPHONE NO.				-,	
(AREA CODE)					
SUBJECT OF RECORD CHECK					
(FIRST) (MIDDLE)		(LAS	Τ)		
MAIDEN NAME AND/OR ALIASES	SOCIAL SECURITY NUMBER		OF BIRTH OD/YYYY)	SEX	RACE
		(11111)	55/1111)		
VOLUNTEER'S AGENCY/ORGANIZATION (MANDATORY)		TELE	TELEPHONE NUMBER		
The Pennsylvania State Police re	esponse will be based on the com	parison o	of the data provide	ed by the re	quester
	tained in the files of the Pennsylva				
By signing this form, I verify that I ar					
status as an unpaid volunteer. I	understand that the \$22 fee is be	ing waive	ed because of my	status as a	n unpaid
volunteer.					
REQUESTER SIGNATURE (*Signature required for processing*) DA		DATE			
( Signature required for processing)		DATE			
	R PENALTY OF LAW - MISIDENTIFICATIO			DENTITY TO O	BTAIN
CRIMINAL HISTORY INFORMATION OF	F ANOTHER IS PUNISHABLE AS AUTHOR	RIZED BY LA	AW.		