SP 4-164 (7-2009)

PENNSYLVANIA STATE POLICE

REQUEST FOR CRIMINAL RECORD CHECK

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.*

Warning: A person commits a misdemeanor of the third degree if he/she makes a written false statement, which he/she does not believe to be true.

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

NAME/ REQUESTER	
ADDRESS	St. Elizabeth Parish Director of Parish Services
CITY/STATE/ ZIP CODE	P.O. Box 695 Uwchlan, PA 19480-0695

FOR CENTRAL REPOSITORY USE ONLY
CONTROL NUMBER

AFTER COMPLETION MAIL TO:

PENNSYLVANIA STATE POLICE
CENTRAL REPOSITORY – 164
1800 ELMERTON AVENUE
HARRISBURG, PA 17110-9758

Local Number 717-425-5546

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

DO NOT SEND CASH OR PERSONAL CHECK

CHECK ONE BLOCK

☐ INDIVIDUAL/NONCRIMINAL JUSTICE AGENCY – ENCLOSE A CERTIFIED CHECK/MONEY ORDER IN THE AMOUNT OF $10.00, PAYABLE TO: *"COMMONWEALTH OF PENNSYLVANIA"*
THE FEE IS NONREFUNDABLE

☐ FEE EXEMPT-NONCRIMINAL JUSTICE AGENCY – NO FEE

CONTACT TELEPHONE NUMBER (INCLUDING AREA CODE)

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NAME/SUBJECT OF RECORD CHECK (FIRST)	(MIDDLE)	(LAST)		
MAIDEN NAME AND/OR ALIASES	SOCIAL SECURITY NUMBER	DATE OF BIRTH (MM/DD/YYYY)	SEX	RACE

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*

REASON FOR REQUEST: All requests $10.00

***MAKE ALL MONEY ORDERS PAYABLE TO: COMMONWEALTH OF PENNSYLVANIA ***

◄◄◄◄◄◄CHECK BOX THAT MOST APPLIES TO THE PURPOSE OF THIS REQUEST►►►►►►

☐ INTERNATIONAL ADOPTION - INTERNATIONAL ADOPTION MUST BE NOTARIZED.

☐ ADOPTION (DOMESTIC)
☐ ATTORNEY
☐ BANKING
☐ BAR ASSOCIATION
☐ CHURCH
☐ CHILD CARE
☐ EDUCATION
☐ ELDER CARE
☐ EMERGENCY MANAGEMENT
☐ EMPLOYMENT/SCREENING
☐ FOSTER CARE
☐ HEALTHCARE
☐ HOUSING
☐ INSURANCE LICENSE
☐ MENTAL HEALTH
☐ NURSE AID TRAINING
☐ OTHER _____
☐ PASSPORT
☐ PRIVATE INVESTIGATIONS
☐ SOCIAL SERVICES
☐ TENANT CHECK
☐ VISA
☐ VOLUNTEER AMBULANCE/FIREFIGHTER
☐ VOLUNTEER

☐ ACCESS & REVIEW - (NOT FOR EMPLOYMENT PURPOSES. MUST BE MAILED INTO THE CENTRAL REPOSITORY.)

AVAILABLE ONLY TO SUBJECT OF RECORD OR LEGAL REPRESENTATIVE WITH LEGAL AFFIDAVIT ATTACHED FOR THE PURPOSE OF REVIEWING YOUR CRIMINAL HISTORY.