

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>

**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

NAME/ REQUESTER	
ADDRESS	
CITY/STATE/ ZIP CODE	

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.

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

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.