SP 4-164 (7-2009)

Print

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	
CITY/STATE/ ZIP CODE	

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)

			-				-				

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.

Homeland Security is Everyone's Responsibility - Pennsylvania Terrorism Tip Line 1-888-292-1919