

PENNSYLVANIA STATE POLICE  
REQUEST FOR CRIMINAL RECORD CHECK

FOR CENTRAL REPOSITORY USE ONLY  
(LEAVE BLANK)

**PART I: TO BE COMPLETED BY REQUESTER**  
(INFORMATION WILL BE MAILED TO REQUESTER ONLY)

DATE OF REQUEST

\*\*\* TYPE OR PRINT LEGIBLY WITH INK \*\*\*

NOTE: IF THIS FORM IS NOT LEGIBLE OR NOT PROPERLY COMPLETED, IT WILL BE RETURNED UNPROCESSED TO THE REQUESTER. A RESPONSE MAY TAKE THREE WEEKS OR LONGER TO PROCESS.

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.

REQUESTER NAME	Windsor Area Recreation Commission		
ADDRESS	1480 Windsor Rd. P.O. Box 458		
CITY	STATE	ZIP	
Red Lion	PA	17356	

CONTACT TELEPHONE NUMBER (INCLUDING AREA CODE)

7	1	7	-	2	4	4	-	3	5	1	2
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REQUESTER IDENTIFICATION (ONLY 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

\*\*\* DO NOT SEND CASH OR PERSONAL CHECK \*\*\*

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

REASON FOR REQUEST (CHECK ONE BLOCK)

- EMPLOYMENT (IF APPLICABLE, CHECK ONE OF THE FOLLOWING)
- ADOPTION/FOSTER CARE
- OTHER (SPECIFY)
- ELDER CARE
- CHILD CARE
- SCHOOL DISTRICT

ONLY CHECK THIS BLOCK IF YOU WANT TO REVIEW YOUR ENTIRE CRIMINAL HISTORY

INDIVIDUAL ACCESS AND REVIEW OR FIREARMS CHALLENGE-ENTIRE CRIMINAL HISTORY (AVAILABLE ONLY TO SUBJECT OF RECORD CHECK OR LEGAL REPRESENTATIVE WITH LEGAL AFFIDAVIT OF LEGAL REPRESENTATIVE ATTACHED)

REQUESTER CHECKLIST	AFTER COMPLETION MAIL TO
DID YOU ENTER THE FULL NAME, DOB, AND SOC? DID YOU ENCLOSE THE \$10.00 FEE (CERTIFIED CHECK/MONEY ORDER)? <b>*** DO NOT SEND CASH OR PERSONAL CHECK ***</b> DID YOU ENTER YOUR COMPLETE ADDRESS INCLUDING ZIP CODE AND TELEPHONE NUMBER IN THE BLOCKS PROVIDED?	PENNSYLVANIA STATE POLICE CENTRAL REPOSITORY - 164 1800 ELMERTON AVENUE HARRISBURG, PA 17110-9758 717-783-9973 BUSINESS HOURS 8:15 am - 4:15 pm (Monday - Friday)

**PART II: CENTRAL REPOSITORY RESPONSE ONLY**

\*\*\*DO NOT WRITE BELOW THIS LINE\*\*\*

INFORMATION DISSEMINATED	INQUIRY DISSEMINATED BY	SID NUMBER
<input type="checkbox"/> NO RECORD <input type="checkbox"/> CRIMINAL RECORD ATTACHED		
THE INFORMATION DISSEMINATED BY THE CENTRAL REPOSITORY IS BASED ON THE FOLLOWING IDENTIFIERS THAT MATCH THOSE FURNISHED BY THE REQUESTER.	CERTIFIED BY	
<input type="checkbox"/> NAME <input type="checkbox"/> SOCIAL SECURITY NUMBER <input type="checkbox"/> DATE OF BIRTH <input type="checkbox"/> RACE <input type="checkbox"/> SEX <input type="checkbox"/> MAIDEN/ALIAS NAME		
	(DIRECTOR, CENTRAL REPOSITORY)	

This response is based on a comparison of data provided by the requester in Part I against the information contained in the files of the Pennsylvania State Police Central Repository only, and does not preclude the existence of criminal records which might be contained in the repositories of other local, state, or federal criminal justice agencies.