PENNSYLVANIA STATE POLICE					FOR CENTRAL REPOSITORY USE ONLY (LEAVE BLANK)		
REQUEST FOR CRIMINAL RECORD CHECK							
PART I: TO BE COMPLETED BY REQUESTER (INFORMATION WILL BE MAILED TO REQUESTER ONLY)			DATE OF RE	QUEST			
*** TYPE OR PRINT LEGIBLY WITH INK *** NOTE: IF THIS FORM IS NOT LEGIBLE OR NOT PROPERLY COMPLETED, IT WILL BE RETURNE REQUESTER. A RESPONSE MAY TAKE THREE WEEKS OR LONGER TO PROCESS.				PROCESSED TO THE			
WARNING: A PERSON COMMITS A MISDEMEANOR OF THE THIRD DEGREE IF HE/SHE MAKES STATEMENT, WHICH HE/SHE DOES NOT BELIEVE TO BE TRUE.				A WRITTEN FALSE			
	NAME Pennsylvania State Athletic Commission						
ADDRESS	2601 North 3rd Street						
CITY	Harrisburg PA 17						
·	<u>, </u>						
	CONTACT TELEPHONE I	NUMBER (INCLUDING ARE	A CODE)	٦			
	-	-					
REQUESTER IDE	NTIFICATION (ONLY CHECK ON	E 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 NUM	IBER (SOC)	DATE OF BIRT	H (DOB)	SEX	RACE
		SOCIAL SECURITY NUN	IBER (SOC)	DATE OF BIRT	H (DOB)	SEX	RACE
REASON FOR RE	QUEST (CHECK ONE BLOCK)						
REASON FOR RE				DATE OF BIRT		SEX	RACE SCHOOL DISTRICT
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