

DIOCESE OF ALLENTOWN OFFICE OF CATHOLIC HEALTH, HUMAN SERVICES, AND YOUTH PROTECTION *OFFICE OF THE SECRETARY* POST OFFICE BOX F ALLENTOWN, PENNSYLVANIA 18105-1538

SAFE ENVIRONMENT SCHOOL VOLUNTEER REQUIREMENTS CHECKLIST

1. Pennsylvania State Police Criminal Record Check (PATCH)) (Less than one year old, recheck every 5 years) -volunteers/employees please complete **PATCH** online at <u>Pennsylvania Access</u> <u>To Criminal History-Home (state.pa.us)</u> please obtain directions from your Local Safe Environment Coordinator OR send your completed "Background Authorization Form" to <u>punger@allentowndiocese.org</u>

2. Pennsylvania Child Abuse History Certificate (Recheck every 5 years). To obtain the **Pennsylvania Child Abuse History Certificate:** <u>http://www.compass.state.pa.us/cwis/public/home.</u> A free check is available every 57 months for volunteers. A free payment code is available through your Local Safe Environment Coordinator for both employees and volunteers.

3. Federal Bureau of Investigation Criminal "DHS" Background Fingerprint Check (18+ years old)(less than one year old, recheck every 5 years) -payment code is available through your Local Safe Environment Coordinator. Register for the fingerprint at <u>https://uenroll.identogo.com</u> with payment code obtained from Local Safe Environment Coordinator (LSEC). During registration, make an appointment for fingerprint scanning at a nearby public site. Print email receipt, take it to the appointment and provide receipt to the LSEC. Approximately two weeks after fingerprinting, you will receive unofficial results in the mail. Bring the <u>original document</u> to the Local Safe Environment Coordinator for submission to the Diocese.

4. Signed Acknowledgment form for 2022 Diocese of Allentown Sexual Abuse Policy which can be reviewed at: http:allentowndiocese.org/the-diocese/youth-protection

5. Signed Acknowledgment form for 2022 Diocese of Allentown Code of Conduct Policy which can be reviewed at: <u>http://www.allentowndiocese.org/the-diocese/youth-protection</u>

6. Signed Acknowledgment form for 2022 Diocese of Allentown Social Media and Electronic Communications Policies which can be reviewed at: <u>http://www.allentowndiocese.org/the-diocese/youth-protection</u>

7. Protecting God's Children attendance certificate, only needs to be done once, please see attached directions. Print certificate of completion.

8. Certificate from Mandated Reporting Training (good for 5 years) Mandated Reporter Training can be done at <u>www.reportabusepa.pitt.edu</u>. Please see attached directions. Print certificate of completion.

9. Acknowledgement Form for Child Protective Services Law (CPSL) Policy. Review the Diocese of Allentown's Child Protective Services Law Policy (attached) and sign the acknowledgement form.

10. Signed Background Check Authorization Form, attached

11. Motor Vehicle Report-if driving on behalf of a Diocesan location, please fill out part "C" and "E" of the attached "Request for Driver Information Form". Please mail original to Diocese of Allentown Safe Environment Office, PO Box F, Allentown, PA 18105-1538

12. Nation Sex Offender Registry Check, must be less than a year old and completed every five years. https://www.dhs.pa.gov/KeepK.idsSafe/Resources/Documents/NSOR.APPLICATION.05.02.22.pdf

OFFICE ADDRESS: 1515 MARTIN LUTHER KING JUNIOR DRIVE, ALLENTOWN, PENNSYLVANIA 18102

> ALLENTOWNDIOCESE.ORG IAD-TODAY.COM Revised 12/05//2022

OF HUMAN SI		OLIC HEALT YOUTH PRO E SECRETAR CE BOX F (LVANIA 18) thorizatio	TH, DTECTION <i>Y</i> 105-1538 n Form for:
Have you resided in the State of Pennsylvania for more than a year? Yes No	UEID Location		Diocesan Position:
Does position require interaction with children? Yes No	ParSchBot	ool	 Employee Priest Religious Teacher Volunteer
PERSONAL INFORMATION - PLEASE P	RINT	신민분	
Full Name last	First	Middle	Female Male
Alias(es) Last Date of Birth:	First	Middle	
Current Address:	Social Secu	rity Numbe	Employees Only
Street Address			Apartment Number
City		State	Zip Code
Phone:	Email	Address:	
Diocesan location			
Site Name (IE	St. Joseph)		City (Bethlehem)
ACKNOWLEDGEMENT SIGNATURE			

I hereby grant the Diocese of Allentown permission to complete a Criminal Background Check, to conduct a social security number verification, FBI fingerprinting and to complete a Motor Vehicle Check, if applicable. I consent to the Diocese f o/lowing these procedures, making these inquires and sharing this information with another Roman Catholic Diocese, as necessary.

Signature

* Forward completed form to your Local Safe Environment Coordinator, or Janice Woolley, Audit & Training Supervisor, PO Box F, Allentown PA 18105.

Date

- *Parish/School must retain a copy of this completed form in the employee/volunteer's file.
- * Fair Credit Reporting Act (FCRA) Summary of Rights on reverse side of form.

DIOCESE OF ALLENTOWN Instructions to Obtain VOLUNTEER ate Police Criminal Record C hecks (PATCH) Begin by going to the website https://epatch.state.pa.us/ Sec. 1. Click "New Record Check" (Volunteers Only) - the yellow button. 2. Read and accept the Terms and Conditions 3. The Drop-down menu for "Reason of Request" should be "VolunteerFREE with no other options available. a. If that is not the case, you may need to start over with the yellow button. 4. Fill out Contact Information. a. Those with the red asterisk (*) are required and the form will not allow you to continue without providing that information. 5. Click "Next." Confirm information on "Review Requestor" page and click "Proceed." engles et 7. Fill in information for the Record Check. a. Those with red asterisk (*) are once again required. b. Social Security Numbers are highly recommended and will allow the report to come back more quickly. 8. Click "Enter This Request." a. If another report is needed for another individual (spouse, for example), you may enter that information now. Click "Enter This Request" again after. b. If not, click "Finished" on the next page without entering further information. 9. Confirm information on "Record Check Request Review" and click "Submit." 10. Click on the hyperlinked Control Number to come to the "Record Check Details." 11. Click "Certification Form" above the "Back" button.

12. Click "OK" on the pop-up dialogue box concerning printing margins."

This resulting document is the OFFICIAL Certification.

Print and save this document for your records. You will need to provide this certificate to your respective Local Safe Environment Coordinator or location contact. They will then send it to the Diocese of Allentown Background Check Office for you to be officially cleared given all the required background check documentation.

If additional reports need to be saved, use the "Back" options provided on the page only as the back button of your browser may result in an error and possible loss of these record checks, which can only be recovered with the assigned control number.

Please be aware that <u>receipts and invoices are not acceptable as final documentation</u> of the clearance. These are only useful if less than a year old allowing us to pull the official certificate.

DIOCESE OF ALLENTOWN Instructions to Obtain VOLUNTEER Child Abuse History Certification Clearances

mpass.state.pa.us/cwis/public/home

Create and Access an Individual Account

- 福二: Use the address above to access the site to apply for a clearance.
- You will need to begin the process of applying for a Child Abuse Clearance by creating an individual account. Click the "Create an Individual Account" button.
- 3. Read the information for creating a Keystone ID on the "Create Keystone ID; General Information" page. Click Next. 1 241
- Create a Keystone ID. It can be any user name that you are familiar with for example: "lastnamefirstinitialmiddleinitial like "smithab."
- 5. Be sure to write down your chosen questions and the answers exactly. You will need the exact spelling of the answer for future use when asked the question as a security measure.
- 6. At this point you will receive an email with your Keystone ID (user name). Print this email for your records. You will receive a second email with a temporary password. Copy just the password for you next login. A 1 -
- 7. Login to the system by clicking "Individual Login" on the home page given above.
- 8. Click "Access my Clearances."
- 9. Use your Keystone ID and the temporary password you received in your email to login to the system. 14.30

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- 10. Choose a method to verify your identity, either answering security questions or receiving
- a verification code at your email address.
- 11. Answer "What type of device are you using?" with one of the following options:
 - a. "Public" as in a public device like one that might be at a library or a school
 - b. "Private" as in a private device that you own
- 12. Set a permanent password and write it down for your records. Close the window.
- 13. Login to the system (web address above) again using your Keystone ID and the Posta March & permanent password that you have set.
- 14. Once you have logged in, you will be taken to the "My Child Welfare Terms and Conditions" page. Read through it and then select "I have read, fully understand and
- agree to the My Child Welfare Account Terms and Conditions" box at the bottom of the
- page and click "Next".
- 15. Click "Continue."

Applying for a Child Abuse History Certification and B. 「 16. Click "Create a Clearance Application." CUT SP No.

17. Click "Begin"

腹龍 18. Volunteers should select "Volunteer having contact with children" for the Application purpose: 23

Please note: Volunteer clearances cannot be used for employment 19. Enter all requested information. Make sure to include a local address that you have

access to, so that you can receive a mailed copy of your results in addition to an

electronic copy, if so desired.

20. Be sure to include your social security number that you can receive your results in a timely manner. Applications without a social security number provided can take more time to return results.

21. When you are listing the people you have lived with, please be sure to include your parents, even if you have not lived with them in the last 25 years. This will prevent the application from being kicked back for insufficient information.

a. All applicants who were under 18 years of age in 1975 must list their parents or guardians among their Household Members.

Those who have passed can still be listed. You can note this rather than giving b. an age.

22. If you have received a free volunteer code (See label below), please enter it when asked to do so.

3. Once you have completed the application click "Submit." Make note of the application number that shows at the end.

Next Steps:

Northern 14.00

You should receive an email that your application was received. You will also receive an email when your clearance is ready to access online. If you requested to receive a paper copy in the mail, that should arrive within 2 to 3 weeks, as long as the information you provided was accurate to the best of your knowledge and complete to the satisfaction of ChildLine, 1 2

If your application resulted in a letter requesting missing information, you may respond to this either by writing the information on the letter and mailing it back to ChildLine (address at the end of the letter), or you may call the ChildLine Verification Unit using the phone number on the letter to provide the missing information.

DIOCESE OF ALLENTOWN Instructions to Obtain Fingerprints for Church Volunteers and Employees

Go to the registration site: https://uenroll.identogo.com/

Enter your Service Code to get started

- Volunteer -1KG6ZJ for DHS Volunteer
- <u>Employee</u> 1KG756 for DHS Employee

Select Schedule or Manage Appointment.

During registration:

- You will be required to enter your personal information.
- Information marked with a red asterisk(*) is required.
- To receive a copy of your receipt by email, you must enter your email as your preferred form of contact. If you do not enter an email, no receipt will be sent to you.
- · You will be asked to fill in Employee Information, please enter

Employee Name: Diocese of Allentown Country: United States Address Line 1: PO Box F Address Line 2: - leave blank-City: Allentown

- State: Pennsylvania Postal Code: 18105-1538
- You will be asked If your mailing address is the same as your residential address, please select NO
 When the mailing address comes up, please enter, PO Box F, Diocese of Allentown, Allentown
 PA.18105. Please enter your h me address in the residential address area.

Payment Code

- You will be asked to enter your authorization/coupon/payment code (included on above label). The first 5 digits of the code should correspond to the service code that you used to start the registration process (in yellow above).
- Once *you* have finished entering your information, you can choose a fingerprint location by zip code. Select-an appointment time and schedule your fingerprints.
- Print a copy of:the confirmation to take with you to fingerprinting appointment AND for your records.
- At the time of your appointment you will receive a printed receipt, please give a copy to your location, keep the original for your fifes.
- An official copy of your results will be sent to your email address, unless you don't *have* one. Your
 unofficial results are only available once, through a one-time use link. Do NOT login with your phone
 because the system doesn't allow letters pulled via mobile devices but It does count as your single
 login. Only use the link provided by IdentoGo when you are on a computer and have the ability to save
 and print It. Please keep this copy (either from email or regular mall) for your records.

ACKNOWLEDGMENT/CERTIFICATION DIOCESE OF ALLENTOWN POLICIES AND PROCEDURES REGARDING CODE OF CONDUCT

I acknowledge and certify that I have received or have been given access to the Diocese of Allentown's Policies and Procedures Regarding Code ofConduct. I understand that the Diocese ofAllentown may amend or modify these Policies and Procedures from time to time in its sole discretion.

I further acknowledge and certify that it is my responsibility to carefully read these Policies and Procedures and to abide by and comply with them at all times. My signature below acknowledges and certifies that I have either read the Policies and Procedures Regarding Code of Conduct or have attended a training presentation conducted by the Diocese of Allentown explaining these Policies and Procedures, as well as my responsibility to comply with them.

I acknowledge and certify that I have had an opportunity to ask questions with respect to the Policies and Procedures Regarding Code of Conduct and have been made aware of who to contact in the event that I have any future questions or concerns in this regard.

Date

Signature of Clergy/Religious/EmployeeNolunteer

Location

Printed Name

ACKNOWLEDGMENT/CERTIFICATION DIOCESE OF ALLENTOWN POLICIES AND PROCEDURES REGARDING SOCIAL MEDIA AND ELECTRONIC COMMUNICATIONS

I acknowledge and certify that I have received or have been given access to the Diocese of Allentown's Policies and Procedures Regarding Social Media and Electronic Communications. I understand that the Diocese of Allentown may amend or modify these Policies and Procedures from time to time in its sole discretion.

I further acknowledge and certify that it is my responsibility to carefully read these Policies and Procedures and to abide by and comply with them at all times. My signature below acknowledges and certifies that I have either read the Policies and Procedures Regarding Social Media and Electronic Communications or have attended a training presentation conducted by the Diocese of Allentown explaining these Policies and Procedures, as well as my responsibility to comply with them.

I acknowledge and certify that I have had an opportunity to ask questions with respect to the Policies and Procedures Regarding Social Media and Electronic Communications and have been made aware of who to contact in the event that I have any future questions or concerns in this regard.

Date

Signature of Clergy/Religious/Employee/Volunteer

Location

Printed Name

ACKNOWLEDGMENT/CERTIFICATION DIOCESE OF ALLENTOWN POLICIES AND PROCEDURES REGARDING ALLEGED SEXUAL ABUSE

I acknowledge and certify that I have received or have been given access to the Diocese of Allentown's Policies and Procedures Regarding Alleged Sexual Abuse. I understand that the Diocese of Allentown may amend or modify these Policies and Procedures from time to time in its sole discretion.

I further acknowledge and certify that it is my responsibility to carefully read these Policies and Procedures and to abide by and comply with them at all times. My signature below acknowledges and certifies that I have either read the Policies and Procedures Regarding Alleged Sexual Abuse or have attended a training presentation conducted by the Diocese of Allentown explaining these Policies and Procedures, as well as my responsibility to comply with them.

I acknowledge and certify that I have had an opportunity to ask questions with respect to the Policies and Procedures Regarding Sexual Abuse and have been made aware ofwho to contact in the event that I have any future questions or concerns in this regard.

Date

Signature of Clergy/Religious/Employee/Volunteer

Location

Printed Name



DIOCESE OF ALLENTOWN Child Protective Services Law Policy Acknowledgment Form

I hereby acknowledge that I have received a copy of the Diocese of Allentown's Child Protective Service Law Policy.

I have reviewed the Child Protective Services Law Policy and understand its contents, and the process that I must complete if I have reasonable cause to suspect that a child has been subjected to child abuse or acts of child abuse.

I further understand that the Diocese of Allentown has issued the Child Protective Services Law Policy for informational or guidance purposes only and that the Diocese does not intend for the Policy to create a contract or any type of binding obligation on the Diocese. The Diocese of Allentown may periodically review the Child Protective Services Law Policy, and it reserves the right to amend or interpret the Policy as it deems appropriate in its sole discretion. A copy of this acknowledgment form shall be placed in my personnel or volunteer file.

(Date)

(Signature of Employee/Volunteer)

(Please print name)

Location (Parish/SchooJ/Office)

City

APPLICATION: National Sex Offender Registry Verification

The following individuals must complete the National Sex Offender Registry verification application:

- $^{\circ}$ Any individual 18 years or older residing in the child care setting where child care is occurring .
- Any individual working for a Regulated Child Care Provider.
- Any individual with an ownership interest (corporate or non-corporate) in a Regulated Child Care Provider and who participates in the organization and management of the operation.
- Any volunteer of a child care provider, group day-care home or family child care home.

Type or print clearly in ink. Fill in all necessary fields on the application. Once completed, use one of the following three options to submit the application for processing:

- 1. Mail to the Clearance Verification Unit, Childline at the following address: Department of Human Services PO Box 8170 Harrisburg, PA 17105-8170; OR
- 2 Scan the completed application and email to: <u>RA-PWNSOR@pa.gov</u> In the subject line list 'NSOR Verification Applicant Last Name (i.e., Smith); OR
- 3 Hand deliver to the Clearance Verification Unit drop off box located at: 2525 North 7th Street, Harrisburg, PA 17110. Free parking is available in the visitor's lot at front of the building.
 - Processing time is fourteen days from the date the application is received .
 - Retain a copy of the completed application for your record. You may need a copy as proof of your submission for your employer.
 - There is no fee for the National Sex Offender Registry verification letter.
 - Refer all questions to the Clearance Verification Unit at

Purpose of the National Sex Offender Registry Verification (Check one box only)

Individual 18 years or older residing in the facility where child care is occurring.

Individual working for a Regulated Child Care Provider.

Individual with an ownership interest (corporate or non-corporate) in a Regulated Child Care Provider and who participates in the organization and management of the operation.

UVolunteer of a child-care provider, group-daycare home or family child care home.

Applicant Demographic Information (All fields required)				
Full Name (Last, First, Middle Initial):				
Social Security Number (XXX-XX-XXXX):				
Date of Birth (MM/DD/YYYY):				
Daytime Phone Number (XXX-XXX-XXXX):				
Home Mailing Address:				
	Include full street address, (Apt# or PO Box if applicable),			
	City, State and Zip Code			
E-mail Address:				
I affirm the above information is accurate and complete to the best of my knowledge and belief, and submitted as true and correct under penalty of law per Section 4904 of the Pennsylvania Crimes Code.				
Signature:	Date:			



DIOCESE OF ALLENTOWN OFFICE OF CATHOLIC HEALTH, HUMAN SERVICES, AND YOUTH PROTECTION OFFICE OF THE SECRETARY POST OFFICE BOX F ALLENTOWN, PENNSYLVANIA 18105-1538

Instructions to Obtain Mandated Reporter Certificates

Mandated Reporter Training

The Recognizing and Reporting Child Abuse: Mandated and Permissive Reporting in Pennsylvania Online Training course is available online. All clergy, employees, or volunteers who interact with children are required to attend. Mandated Reporter Training expires every 5 years. Please keep you login information for future trainings.

%'Pa Family Support Alliance website: https://pafsa.org/

U'Click on "Trainings & Programs" at the top of the page **V**'Select "Mandated Reporter Training"

WScroll down the page until you see

"Upcoming Virtual Sessions at no cost"

X"Look for Virtual Sessions in (month), (click here)

X" Select a date and time that works for you

Y" Fill in all the required boxes marked with* (an asterisk)

Z Select "Register"

["You will receive an email with information and the Zoorn link."" The timeline varies with each instructor.

\" Upon completion, please print or take a picture of your certificate and give to your supervisor or Local Safe Environment Coordinator.

&"University of Pittsburgh's website:

https://www.reportabusepa.pitt.edu/PublicStudentSignUp.aspx

U' Fill out all required information (blue fields) to create an account. V' Click "Submit" to create a username and password.

WLogin using your new credentials in the "Welcome" tab.

X' Complete the 3-hour (minimum) training course.

Y" Upon completion, please print or take a picture of your certificate anX give to your supervisor or Local Safe Environment Coordinator.

OFFICE ADDRESS: 1515 MARTIN LUTHER KING JUNIOR DRIVE, ALLENTOWN, PENNSYLVANIA 18102



DIOCESE OF ALLENTOWN OFFICE OF CATHOLIC HEALTH, HUMAN SERVICES, AND YOUTH PROTECTION *OFFICE OF THE SECRETARY* POST OFFICE BOX F ALLENTOWN, PENNSYLVANIA 18105-1538

Instructions to Obtain PGC Certificates

Protecting God's Children Program (PGC)

The Protecting God's Children[™] program is a virtual training that includes videos and question and answer segments. All clergy, employees, or volunteers who interact with children are required to attend. Currently Protecting God's Children is once and done.

- 1. Please visit https://www.virtusonline.org/virtus/
- 2 Select the "First-Time Registrant" button
- 3. Select Begin the registration process"
- 4. Using the dropdown arrow select "Allentown, PA (Diocese)"
- 5. Click "yes or no" if you have previously registered with Virtus. Select "No" if you are not sure.
- 6. Create a username and password, please keep these for future trainings
- 7. <u>Please fill in all *items.</u> Do not select "No Email," you must have an email address to do the virtual training.
- 8. Please select the primary location you will be volunteering/employed

Please select at least one primary role you perform at this location Please select any additional roles you perform at this location Please enter your actual title or position of service

- 9. Select "Yes" if you are associated with any other diocesan locations, "No" if you are not.
- 10. Please answer the four questions on the next page, by selecting "Yes" or "No"
- 11. Please print and read the documents on the next page, select "I have read and understand this document", fill in your name and the date, select continue.
- 12.On the next page Select "Online Training" or "Online Spanish Training," then click the "Continue Button"

13.Have you already attended a VIRTUS Protecting God's Children Session? select "Yes" or "No"

14. If you selected "No" please select the training you'd like to take (English or Spanish).

15. Your home page will open, please click on <u>You have 1 online module assigned</u>, to start your training.

16. Thank you for registering for Virtus Online.

17.Upon completion, please print or take a picture your certificate and give to your supervisor or Local Safe Environment Coordinator. Certificate can be found under training history.

18. The following roles will be assigned monthly online readings on the Virtus website:

Priests	Deacons	Seminarians	Principals	K of C with Squire Programs
DRE/CRE	LSEC	Coaches	Youth Ministers	Prep/CCD Teachers
Employees				

CMG.Connect

DEFENSIVE DRIVING PROGRAM, Online Training Instructions

1. You can access the training moduels via the diocesan website at <u>www.allentowndiocese.org.</u> Scroll to the very bottom of the screen and click on CMGConnect or you can go directly to the website, <u>https://allentown.cmgconnect.org.</u> The followingare samples of screen prints to help you during your account set-up and access.

CMG AREIRONN FAO SURPOOT	Long Lovien - Signification
Diocese of Allentown online training platform	Do you have an ecc0Ult7 if io, you don't need to sign up for a new ona. Cli≪tho'SJan inHoro- bUttanin to•upiO'riahth‴i≺icom1tothi.t window. O¢owtse, register for Dnew accountbelow.
Environment training in the past you already have an account.	
Please call your parish/school coordinator for your username and password, or email cmgconnect@catholicmutual.org to obtain this information.	•Ffrstname Middle name •Lastname •username
You will not need to set up a new account.	Password Password confirmation
CINECT Allerbown FAO SUPPORT	с изделаро кал — Фараль Варал Ассоция — Рензорая — Ar Illul 11 — < Prev / Ne,1 > -
	'Addressl
	'City • Slate • Zl code
	Phone Eman
	• Date of Birth 1일 M오 3년 고

2. Create an account by completing all the information in the next several screens. **If you have done training in the past, you already have an account. Please login with your previous username and password.** If you cannot remember your username and password, please click the FAQ or the Support tab for additional information.

NOTE: You may also have an account through Safe Environment Processing. If your email address is in the system, your registration will be rejected as a duplicate. Please contact your local Safe Environment Coordinator to obtain your username to begin the sign in process.

3; You will be asked to provide your home address, phone, email, and date of birth.



REQUEST FOR DRIVER INFORMATION DO NOT SEND CASH • SEE REVERSE FOR INSTRUCTIONS

 CHECK (✔) ONE ONLY: BASIC INFORMATION: \$14.00 FEE (Driver history is not included) 3 YEAR DRIVER RECORD: \$14.00 FEE 10 YEAR DRIVER RECORD: \$14.00 FEE (Employment Purposes Only) 				 FULL HISTORY: \$14.00 FEE CERTIFIED DRIVER RECORD: \$44.00 FEE COPY OF DOCUMENT FROM FILE (MICROFILM): \$14.00 FEE CERTIFIED COPY OF DOCUMENT FROM FILE: \$44.00 FEE 	
	You may obtain a copy of your own 3 year or 10 year D	rivin	۱g	Record on PennDOT'S website at www.dmv.pa.gov	
Α	REQUESTER INFORMATION	В		END USER OF INFORMATION BEING REQUESTED	
	NAME/COMPANY	NAM	ME/	COMPANY	
	ADDRESS P.O. Box number may be used in addition to the actual address, but cannot be used as the only address.	ADI	DRE	ESS (P.O. Box not acceptable), need to provide physical location of business/residence	
	CITY STATE ZIP CODE	CIT	Υ	STATE ZIP CODE	
DAYTIME TELEPHONE NUMBER (REQUIRED)		DAYTIME TELEPHONE NUMBER (REQUIRED)			
	RELATIONSHIP TO DRIVER (REQUIRED)	RELATIONSHIP TO DRIVER (REQUIRED)			
1		D AFFIDAVIT OF INTENDED USE			
	v	Inte	end	ed Use of the Information Requested: CHECK ONLY ONE	
	signature X			B=Driver Release (Driver must complete Section E.)	
	NOTARIZATION NOT REQUIRED WHEN REQUESTING YOUR OWN RECORD	C=Credit Business (Legitimate Business need in connection with a business			
С	DRIVER INFORMATION			transaction initiated by the driver.) C = Credit Potential Investor, Server or Current Insurer (In connec-	
	NAME: LAST FIRST INITIAL			tion with an assessment of the credit/payment risks associated with an existing credit obligation.)	
	ADDRESS			E = Employment (To support the hiring or the continuation of employment. Driver must complete Section E.)	
	СІТҮ	R=Insurance Company requesting record of person it intends to insure, now insures, or has rejected for insurance.			
	STATE ZIP CODE		L	K = Court Order must be attached. (A subpoena issued in compliance with Pa. R.C.P. 4009.21 will be accepted in lieu of a court orderNOTE: Filed copy of certificate prerequisite MUST accompany subpoena).	
	PHONE NUMBER			L=Attorney representing driver identified in Section C (Driver must complete Section E.)	
	DATE OF BIRTH DRIVER NUMBER		her	eby Certify that	
	MONTH DAY YEAR		<i>,</i> ;11	PRINTED NAME OF REQUESTER use the driver record abstract(s) required pursuant to Section 6114	
				e Pennsylvania Vehicle Code, for the purpose checked above only	
Е	DRIVER RELEASE			no other reason. This affidavit is filed in compliance with Section	
				of the Fair Credit Reporting Act. I/We have read and signed this after its completion, and I/We swear or affirm that the statements	
	I hereby request	m	nac	le herein are true and correct, and that any statement made on or	
	the Department of Transportation to furnish a copy of my PA Driver's			suant to this form is subject to the penalties 18 Pa.C.S. tion 4904(b) (relating to unsworn falsifications), which shall include	
	Record to			shment of a fine not exceeding \$2,500, or to a term of imprisonment	
	X	0	f n	ot more than one year, or both.	
	SIGNATURE OF DRIVER DATE		Κ		
F	MICROFILM			SIGNATURE OF REQUESTER	
-	TYPE OF DOCUMENT DATE OF VIOLATION	Т	itle		
	DATE OF VIOLATION				
			l 1	O BEFORE ME: MONTH DAY YEAR	
	(see list of available documents below)		Ŀ	V	
	Documents Available:	N N	4		
Citations Ignition Interlock Removal Letter		μ	۱r		
	Court Certifications Applications License Renewals Judgments Suspension/Revocation Letters Restoration Letters Department Hearing or Exam Notice Suspension Credit Affidavits	NOTARIZATION		S E A SIGN IN PRESENCE OF NOTARY	
			Ш	L	

Bureau of Driver Licensing • P.O. Box 68695 • Harrisburg, PA 17106-8695