DO NOT PROCESS *unless*
machine validated here

SEND THIS FORM WITH FEE TO:	SERVICES REQUESTED	FEE
CITY OF PHILADELPHIA **DEPARTMENT OF RECORDS** **167 CITY HALL** PHILADELPHIA, PA 19107 **DO NOT MAIL CURRENCY** **CASH MAY BE PAID IN PERSON OR,** **MAKE CHECK PAYABLE TO:** **"CITY OF PHILADELPHIA"** **RETURN ADDRESS MUST BE GIVEN**	☐ 1. LETTER OF GOOD CONDUCT . . . . $ 40.00 ☐ 2. POLICE RECORD CHECK . . . . $ 40.00 ☐ 3. FINGERPRINTS . . . . $ 5.00 ☐ 4. EACH ADDITIONAL LETTER OF GOOD CONDUCT *(NO. OF COPIES)* . . . . *(EACH)* $ 3.00	
	TOTAL FEE *THIS AMOUNT MUST APPEAR IN VALIDATION ACROSS TOP*	

PLEASE PRINT ALL INFORMATION

MAIL TO *(REQUESTING AGENCY)*

STAPLE PHILA. FINGERPRINT CARD HERE (REAR)

NAME *LAST*	*FIRST*
ADDRESS	*CITY* *STATE* *ZIP CODE*
NAME TO BE SEARCHED *LAST* *FIRST*	ALIAS AND/OR MAIDEN
ADDRESS	*CITY* *STATE* *ZIP CODE*
PREVIOUS ADDRESS	DATE OF BIRTH MONTH DAY YEAR BIRTHPLACE

HEIGHT	WEIGHT	EYES	HAIR	RACE	SOCIAL SECURITY

FINGERPRINTED ☐ YES ☐ NO	FOR WHAT REASON	
ARRESTED ☐ YES ☐ NO	WHERE	
CHARGES	DISPOSITION	

ALL BLOCKS MUST BE COMPLETED OR REQUEST WILL BE RETURNED

RESULTS OF INVESTIGATION AND SEARCH
(FOR POLICE DEPARTMENT USE ONLY)

THE CRIMINAL HISTORY RECORD INFORMATION ACT REQUIRES THAT: THIS RECORD CONTAINS ONLY LOCAL ARREST INFORMATION, RECORD CANNOT BE DUPLICATED, RECORD MUST BE DESTROYED IMMEDIATELY UPON FULFILLMENT OF THE SPECIFIC PURPOSE FOR WHICH THE INFORMATION WAS OBTAINED. REFER TO THE STATE POLICE FOR STATE WIDE CRIMINAL HISTORY INFORMATION.

RESULTS OF THE R & I FILE CHECK ARE BASED ONLY ON THE INFORMATION PROVIDED BY THE PERSON FILLING OUT THIS FORM.	A CHECK OF THE FILES OF THIS DEPT. DISCLOSES THE FOLLOWING:
SEARCHED BY DATE	COMMANDING OFFICER STAFF SERVICES BUREAU DATE

75-343 (Rev. 6/04)   **PHILADELPHIA POLICE RECORDS CHECK REQUEST**

_____

I hereby authorize the Philadelphia Police Department to reveal any information which may be in their criminal identification files about me to the following petitioner:

_____

_____

RIGHT INDEX OF APPLICANT	
	Signature _____
	Date _____

AGREEMENT OF PETITIONER

If a record check is requested by name and address only without fingerprints, I agree to indemnify and save the City harmless from and against all damages or claims for damages which may arise either directly or indirectly as a result of this service.

Signature _____