



**SOUTH WHITEHALL TOWNSHIP  
POLICE DEPARTMENT  
REQUEST FOR RECORDS/RECORDS CHECK**

NAME: \_\_\_\_\_

ALIASES/AKA/MAIDEN NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NO: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

SOCIAL SEC NO: \_\_\_\_\_ OPERATOR NO: \_\_\_\_\_

Records check letter requested: \_\_\_\_\_ Outside agency form to be completed: \_\_\_\_\_

**This background check on myself will be for the past three (3) years and I hereby authorize South Whitehall Township Police to conduct said background check.**

DATE: \_\_\_\_\_  
(Signature required)

**NOTICE: Department policy designates a 24 hour waiting period for record checks. There is a \$10.00 fee associated with this service due at time of request. If copies of particular reports are required they must be requested through a Right to Know Request.**

\_\_\_\_\_  
(Office Use Only)

CLERK ID: \_\_\_\_\_ DATE RECEIVED: \_\_\_\_\_ DATE COMPLETED: \_\_\_\_\_

INCIDENT NUMBER: \_\_\_\_\_ DATE RECORDS CHECK LETTER COMPLETED: \_\_\_\_\_

( ) NO RECORD ( ) RECORD(S) FOUND (see below)

\_\_\_\_\_  
\_\_\_\_\_

Fees collected: Record check: \$10.00 Total: \$ \_\_\_\_\_

APPROVED for release: \_\_\_\_\_  
(Chief of Police)