

**VOLUNTEER REQUEST FOR WAIVER OF
FBI – FEDERAL CRIMINAL HISTORY FINGERPRINT RECORD CHECK**

(If you qualify for this waiver, this form must be completed and turned into the Administration Building when submitting the other two PA clearances.)

I declare under penalty of perjury that the following is true and correct:

1. I have been a resident of the Commonwealth of Pennsylvania during **the entirety of the previous ten-year period** from the date of this document;
2. I have NEVER been named the perpetrator of a founded report of child abuse;
3. I have **NEVER** been convicted of one or more of the following types of offenses, including the attempt, solicitation or conspiracy to commit any of the following offenses:
 - a. Criminal homicide
 - b. Aggravated assault
 - c. Stalking
 - d. Kidnapping
 - e. Unlawful Restraint
 - f. Rape
 - g. Statutory sexual assault
 - h. Sexual assault
 - i. Involuntary deviate sexual intercourse
 - k. Indecent assault
 - l. Indecent exposure
 - m. Incest
 - n. Concealing the death of a child
 - o. Endangering the welfare of a child
 - p. Dealing in infant children
 - q. Prostitution and related offenses
 - r. Crimes related to obscene and other sexual materials and performances
 - s. Corruption of minors
 - t. Sexual abuse of children
4. Within a 5-year period immediately preceding the date of this document, I have not been convicted of a felony offense under The Controlled Substance, Drug, Device and Cosmetic Act; AND
5. I have not been convicted of an offense similar in nature to those crimes listed under paragraphs 2, 3, or 4 above under the laws or former laws of the United States or one of its territories or possessions, another state, the District of Columbia, the Commonwealth of Puerto Rico or a foreign nation, or under a former Pennsylvania law.

I understand that statements herein are made subject to the penalties of 18 Pa. C.S. § 4904 relating to unsworn falsification to authorities.

Signature

Date

Print Name

**PENNSYLVANIA RESIDENT
VERIFICATION FOR WAIVER OF FBI REPORT**

Name: _____
Date of Birth: _____ City/State of Birth: _____
Driver's License Number: _____

Current Address: _____

If you have lived at your current address for less than 10 years, please list all prior addresses for the past ten (10) years:

Street	State	Dates lived here:

Additional documentation of residency may be required to verify the information provided on this form.

I swear and affirm that I have been a resident of the Commonwealth of Pennsylvania for the entirety of the previous ten (10) years.

I understand that statements herein are made subject to the penalties of 18 Pa. C.S. § 4904 relating to unsworn falsification to authorities.

Signature

Date

Print Name