

DIOCESE OF ALLENTOWN
SECRETARIAT FOR CATHOLIC HEALTH, HUMAN SERVICES
AND YOUTH PROTECTION

Post Office Box F
Allentown, Pennsylvania, 18105-1538
(610) 871-5200 ext. 2203
Fax (610) 871-5211

SAFE ENVIRONMENT PARISH VOLUNTEER REQUIREMENTS CHECKLIST

All Parish volunteers who might have contact with children must have the following:

- 1. Pennsylvania State Police Criminal Record Check** (Pennsylvania Access to Criminal History (PATCH)) (Less than one year old, recheck every 5 years) – new volunteers please complete **PATCH** online at: [Pennsylvania Access To Criminal History - Home \(state.pa.us\)](https://www.pennsylvania.gov/criminal-history/) please click on “New Volunteer Record Check”, OR send your completed “Background Authorization Form” to punger@allentowndiocese.org
- 2. Pennsylvania Child Abuse History Certificate** (Recheck every 5 years). To obtain the **Pennsylvania Child Abuse History Certificate**: <https://www.compass.state.pa.us/cwis/public/home> . A free check is available ever 57 months. A free payment code is available through your Local Safe Environment Coordinator or your CYO Representative.
- 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 or your CYO Representative. Register for the fingerprint at <https://uenroll.identogo.com> with payment code obtained from Local Safe Environment Coordinator (LSEC). During registration, set appointment for fingerprint scanning at a nearby public site. Print receipt, take it to the appointment and provide receipt to the LSEC. Approximately two weeks after fingerprinting, you will receive the results in the mail. Bring the original document to the Local Safe Environment Coordinator for submission to the Diocese when you receive it.
- 4. Signed Acknowledgment form for Diocese’s Sexual Abuse Policy**, policies can be reviewed at: <http://www.allentowndiocese.org/the-diocese/youth-protection/>
- 5. Signed Acknowledgment form for Diocese’s Code of Conduct**, policies can be reviewed at: <http://www.allentowndiocese.org/the-diocese/youth-protection/>
- 6. Protecting God’s Children attendance certificate**, only needs to be done once, please see attached directions. Print certificate of completion
- 7. Certificate from Mandated Reporting Training** (good for 5 years) Mandated Reporter Training can be done at www.reportabusepa.pitt.edu. Please see attached directions. Print certificate of completion.
- 8. 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.
- 9. Signed Background Check Authorization Form**, attached
- 10. 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

Have you resided in the state of Pennsylvania for more than a year?
 Yes _____ No _____

UEID _____
 FP Payment Code _____
 CAH Payment Code _____



Diocese of Allentown
Background Check Authorization Form
 for Lay Employees & Volunteers

Personal Information - Please Print THIS FORM MAY BE REPRODUCED

Full Name: _____ Male
 Last Name First Name Middle Female

Alias(es): _____ Race: _____
 Last Name First (Middle)

Date of Birth: ____/____/____ S.S. Number: _____
 mm / dd / yyyy Required for Employees

Current Address: _____
 Street Address Apartment #
 City State ZIP Code

Phone: _____ Email Address: _____

Diocesan Location: _____
 Site Name (ie St Joseph Church) City (ie Summit Hill)
 Location Type: Parish School Both

Diocesan Position: Employee Contractor
 Volunteer Ref. Sister
 Function (ie Classroom, CYO, etc): _____

Does position require regular interaction with children? Yes No

Previous background check through the DoA? Yes No

Acknowledgement Signature

I hereby grant to 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 following these procedures, making these inquiries and sharing this information with other Roman Catholic Dioceses, as necessary.

Signature _____ Date _____

- Completed form must be returned to requesting LSEC, Pastor, Principal or Administrator.
- Parish/School must retain a copy of this completed form in the employee/volunteer file.
- Fair Credit Reporting Act (FCRA) Summary of Rights on reverse of form.

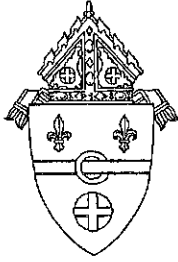
A Summary of Your Rights Under the Fair Credit Reporting Act

The Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. For more information, including information about additional rights, go to www.consumerfinance.gov/learnmore or write to: **Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20006.**

12. **You must be told if information in your file has been used against you.** Anyone who uses a credit report or any other type of consumer report to deny your application for credit, insurance, or employment – or to take adverse action against you – must tell you, and give you the name, address, and phone number of the agency that provided the information.
13. **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer-reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
 - A person has taken adverse action against you because of information in your credit file;
 - You are the victim of identity theft and place a fraud alert in your file;
 - Your file contains inaccurate information as the result of fraud;
 - You are on public assistance;
 - You are unemployed but expect to apply for employment within 60 days.In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. For additional information, see www.consumerfinance.gov/learnmore.
14. **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create credit scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information free from the mortgage lender.
15. **You have a right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer-reporting agency, the agency must investigate unless your dispute is frivolous. See www.consumerfinance.gov/learnmore for an explanation of dispute procedures.
16. **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However a consumer reporting agency may continue to report information it has verified as accurate.
17. **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer-reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
18. **Access to your file is limited.** A consumer report agency may provide information about you only to people with a valid need – usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
19. **You must give your consent for reports to be provided to employers.** A consumer-reporting agency may not give out information about you to your employer, or potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information go to www.consumerfinance.gov/learnmore.
20. **You may limit “prescreened” offers of credit and insurance you get based on information in your credit report.** Unsolicited “prescreened” offers of credit and insurance must include a toll-free number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-5-OPTOUT (1-888-567-8688)
21. **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
22. **Identity theft victims and active duty military personnel have additional rights.** For more information visit www.consumerfinance.gov/learnmore.

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. For info about your federal rights, including contact information, visit <http://www.consumer.ftc.gov/sites/default/files/articles/pdf/pdf-0096-fair-credit-reporting-act.pdf>

Para información en español, visite www.consumerfinance.gov/learnmore o escriba a la FTC Consumer Response Center, Room 130-A 600 Pennsylvania Avenue, N.W., Washington, DC 20580



DIOCESE OF ALLENTOWN
Sexual Abuse Policy Acknowledgment Form

I hereby acknowledge that I have received a copy of the *Policy Regarding Alleged Sexual Abuse of Minors by Diocesan Clergy, Lay Employees of the Diocese, Lay Employees of Parishes, Lay Volunteers of the Diocese and Lay Volunteers of Parishes* ("Sexual Abuse Policy") Revised 20 April 2004, 19 July 2006, 10 October 2008, 29 November 2012, 23 April 2013, 15 May 2014, and 6 December 2016.

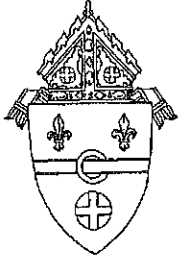
I have reviewed the Sexual Abuse Policy and understand its contents, including the statement that the Diocese of Allentown considers any allegation of sexual abuse or exploitation of a minor by a cleric or lay employee to be an extremely serious matter. I understand that I should speak with my supervisor or the appropriate Diocesan representative with regard to any questions that I may have regarding the Sexual Abuse Policy.

I further understand that the Diocese of Allentown has issued the Sexual Abuse Policy for informational or guidance purposes only and that the Diocese does not intend for the Policy to create a contract of employment or any type of binding obligation on the Diocese. The Diocese of Allentown may periodically review the Sexual Abuse 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 file.

(Date)

(Signature of Employee/Volunteer)

(Please print name)



DIOCESE OF ALLENTOWN
Code of Conduct
Acknowledgment Form for
DIOCESAN CLERGY, LAY
EMPLOYEES AND LAY VOLUNTEERS

I hereby acknowledge that I have received a copy of the Code of Conduct for Diocesan Clergy, Lay Employees and Lay Volunteers dated 24 October 2003, revised 15 May 2014, 16 June 2017 and 20 November 2018. I have reviewed the Code of Conduct and understand its contents. I understand that I should speak with my supervisor or the appropriate Diocesan representative with regard to any questions that I may have regarding the Code of Conduct.

I understand that in working with children and/or youth, I am also subject to a background check including criminal history. I understand that any action inconsistent with the Diocese of Allentown Code of Conduct or failure to take action mandated by the Code of Conduct may result in my removal from involvement with children and/or youth, and/or removal from ministry. My signature confirms I have read this Code of Conduct and agree to follow the standards set forth in the Code of Conduct.

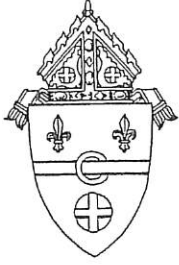
I further understand that the Diocese of Allentown has issued the Code of Conduct for informational and guidance purposes only and that the Diocese does not intend for the Code to create a contract of employment or any type of binding obligation on the Diocese. The Diocese of Allentown may periodically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

(Date)

(Signature of Employee/Volunteer)

Diocesan Location

(Please print name)




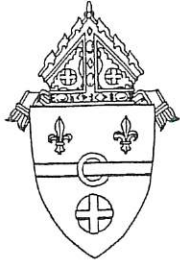
**DIocese OF ALLENTOWN
SECRETARIAT FOR CATHOLIC HUMAN SERVICES
AND YOUTH PROTECTION
Post Office Box F
Allentown, Pennsylvania 18105-1538**

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're not sure.
6. Create a username and password, please keep these for future trainings
7. Please fill all * items. Do not select "No Email", you must have an email 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 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 4 questions on the next page
11. Indicate if you have already attended a PGC Session, by clicking "Yes" or "No"
12. On the next page there will be some classes listed available on Zoom. Please select one of these only if you feel you are unable to complete an online training, otherwise select the "Continue Button"
13. Do you want to register for a training session at this time? Select "No", then "Ok"
14. Thank you for registering for Virtus Online, you will receive an email with the required reading material and the class will be assigned to your Virtus account within 5 business days.
15. Upon completion, please print or take a picture your certificate and give to your supervisor or Local Safe Environment Coordinator.



**DIOCESE OF ALLENTOWN
SECRETARIAT FOR CATHOLIC HUMAN SERVICES
AND YOUTH PROTECTION
Post Office Box F
Allentown, Pennsylvania 18105-1538**

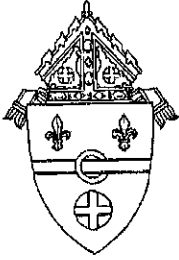
Instructions to Obtain Mandated Reporter Certificates

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.

- 1. Pa Family Support Alliance website: <https://pafsa.org/>**
 - a. Click on “Trainings & Programs” at the top of the page
 - b. Select “Mandated Reporter Training”
 - c. Scroll down the page until you see “Upcoming Virtual Sessions at no cost”
 - d. Look for [Virtual Sessions in \(month\), \(click here\)](#)
 - d. Select a date and time that works for you
 - e. Fill in all the required boxes marked with * (an asterisk)
 - f. Select “Register”
 - g. You will receive an email with information and the Zoom link. The timeline varies with each instructor.
 - h. Upon completion, please print or take a picture of your certificate and give to your supervisor or Local Safe Environment Coordinator.

- 2. University of Pittsburgh’s website:**
<https://www.reportabusepa.pitt.edu/PublicStudentSignUp.aspx>
 - a. Fill out all required information (blue fields) to create an account.
 - b. Click “Submit” to create a username and password.
 - c. Login using your new credentials in the “Welcome” tab.
 - d. Complete the 3-hour (minimum) training course.
 - e. Upon completion, please print or take a picture of your certificate and give to your supervisor or Local Safe Environment Coordinator.



**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.

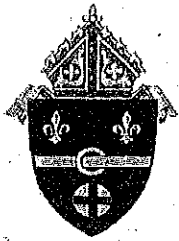
(Date)

(Signature of Employee/Volunteer)

(Please print name)

Location (Parish/School/Office)

City



Child Protective Services Law

All persons (including volunteers) who come into contact with children at any time in the course of their work **are considered mandated reporters of child abuse** and are required by State Law to report to law enforcement authorities all cases of suspected child abuse.

Any person who willfully fails to report child abuse commits a crime and is subject to prosecution.

Persons having reasonable cause to suspect that a child has been subjected to child abuse, or acts of child abuse, shall report immediately to the following:

- If you suspect a child is in imminent danger from abuse,
PLEASE CALL 911 IMMEDIATELY.
- Please call the Child Abuse Hotline (24-hour): **1-800-932-0313**
- Please also complete the CY 47 form available from the County Children & Youth Services. It is to be filed within 48 hours of your call. The form is available for completion online at www.compass.state.pa.us/cwis or you may fax or mail the form to the appropriate Office of Children and Youth.
- Please call the Appropriate Office of Children and Youth Services:

Berks	610-478-6700	Bucks	215-348-6950
Carbon	570-325-3644	Luzerne	570-826-8710
Lehigh	610-782-3064	Monroe	570-420-3590
Northampton	610-829-4690	New Jersey	877-652-2873
Schuylkill	570-628-1050	Montgomery	610-278-5800
- The Pastor (or Board of Pastors of the Regional School)
- The Principal of the school
- Attorney Joseph A. Zator at 610-432-1900; please forward a copy of the CY-47 to Attorney Zator.
- If abuse occurs in a school setting, there may be additional reporting requirements. Please see your Principal. If the suspected perpetrator is the Principal, then see your Pastor, or the Superintendent of Education for the Diocese.
**Please document who you spoke to and when

Anyone making a report is immune from civil or criminal liability provided a report is made in good faith.

**The Diocese of Allentown urges any questions
about the interpretation of the law be resolved in favor of reporting.**



REQUEST FOR DRIVER INFORMATION

DO NOT SEND CASH • SEE REVERSE FOR INSTRUCTIONS

Return ORIGINAL form to:

Patricia Unger
Diocese of Allentown
P. O. Box F
Allentown, PA 18105

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

CHECK (✓) ONE ONLY:

- BASIC INFORMATION: \$12.00 FEE (Driver history is not included)
- 3 YEAR DRIVER RECORD: \$12.00 FEE
- 10 YEAR DRIVER RECORD: \$12.00 FEE (Employment Purposes Only)

- FULL HISTORY: \$12.00 FEE
- CERTIFIED DRIVER RECORD: \$38.00 FEE
- COPY OF DOCUMENT FROM FILE (MICROFILM): \$12.00 FEE
- CERTIFIED COPY OF DOCUMENT FROM FILE: \$38.00 FEE

You may obtain a copy of your own 3 year or 10 year Driving Record on PennDOT'S website at www.dmv.pa.gov

A REQUESTER INFORMATION	B END USER OF INFORMATION BEING REQUESTED
--------------------------------	--

NAME/COMPANY Diocese of Allentown	
ADDRESS <i>P.O. Box number may be used in addition to the actual address, but cannot be used as the only address.</i> P. O Box F	
CITY Allentown	STATE ZIP CODE PA 18102
DAYTIME TELEPHONE NUMBER (REQUIRED) (610) 871-5200	
RELATIONSHIP TO DRIVER (REQUIRED)	
SIGNATURE X	
NOTARIZATION NOT REQUIRED WHEN REQUESTING YOUR OWN RECORD	

NAME/COMPANY	
ADDRESS (P.O. Box not acceptable), need to provide physical location of business/residence	
CITY	STATE ZIP CODE
DAYTIME TELEPHONE NUMBER (REQUIRED)	
RELATIONSHIP TO DRIVER (REQUIRED)	

C DRIVER INFORMATION			
NAME: LAST		FIRST INITIAL	
ADDRESS			
CITY			
STATE		ZIP CODE	
PHONE NUMBER			
DATE OF BIRTH		DRIVER NUMBER	
MONTH	DAY	YEAR	

D AFFIDAVIT OF INTENDED USE	
Intended Use of the Information Requested: CHECK ONLY ONE	
<input type="checkbox"/> B = Driver Release (Driver must complete Section E.)	
<input type="checkbox"/> C = Credit Business (Legitimate Business need in connection with a business transaction initiated by the driver.)	
<input type="checkbox"/> C = Credit Potential Investor, Server or Current Insurer (In connection with an assessment of the credit/payment risks associated with an existing credit obligation.)	
<input type="checkbox"/> E = Employment (To support the hiring or the continuation of employment. Driver must complete Section E.)	
<input type="checkbox"/> R = Insurance Company requesting record of person it intends to insure, now insures, or has rejected for insurance.	
<input type="checkbox"/> 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 order --NOTE: Filed copy of certificate prerequisite MUST accompany subpoena).	
<input type="checkbox"/> L = Attorney representing driver identified in Section C (Driver must complete Section E.)	

E DRIVER RELEASE	
I _____ hereby request	
NAME OF DRIVER	
the Department of Transportation to furnish a copy of my PA Driver's Record to _____	
NAME OF PERSON/COMPANY	
X _____	
SIGNATURE OF DRIVER	DATE

I hereby Certify that _____

PRINTED NAME OF REQUESTER

will use the driver record abstract(s) required pursuant to Section 6114 of the Pennsylvania Vehicle Code, for the purpose checked above only and no other reason. This affidavit is filed in compliance with Section 607 of the Fair Credit Reporting Act. I/We have read and signed this form after its completion, and I/We swear or affirm that the statements made herein are true and correct, and that any statement made on or pursuant to this form is subject to the penalties 18 Pa.C.S. Section 4904(b) (relating to unsworn falsifications), which shall include punishment of a fine not exceeding \$2,500, or to a term of imprisonment of not more than one year, or both.

X _____

SIGNATURE OF REQUESTER

F MICROFILM	
TYPE OF DOCUMENT	DATE OF VIOLATION
<i>(see list of available documents below)</i>	
Documents Available:	
• Citations	• Ignition Interlock Removal Letter
• Court Certifications	• Suspension/Revocation Letters
• Applications	• Restoration Letters
• License Renewals	• Rescind Letters
• Judgments	• Department Hearing or Exam Notice
• Suspension Credit Affidavits	

Title _____

SUBSCRIBED AND SWORN			
TO BEFORE ME:	MONTH	DAY	YEAR
X _____			
SIGNATURE OF PERSON ADMINISTERING OATH			
NOTARIZATION	S E A L	SIGN IN PRESENCE OF NOTARY	

MESSENGER NO.

INSTRUCTIONS

1. To request your own record, complete Sections A & C only. Notarization is NOT required.
2. To request a record other than your own, complete Sections A, C, and D. Section E must contain the driver's signature if block B, E or L is checked in Section D. If the Requester is obtaining the information on behalf of someone else, Section B must also be completed.
3. **PRINT OR TYPE** all requested information on the front of the form. Submitting ONLY a name and address does not provide enough information for a proper search of the driver files.
4. A non-refundable fee is required for each request. If the Bureau has no record for the information requested or the data supplied is insufficient, the fee will be applied to the cost of the search.
5. If requesting a microfilm copy of a document, also complete Section F. You must be specific in providing the type and date of the document. If there are several citations on the record, the cost is \$12.00 per citation. You need to provide the date of the violation/action to clearly identify the citation(s) requested.
6. Check the type of record requested at the top of the form and make check or money order payable to "PennDOT."
DO NOT SEND CASH. Attach your check or money order and send to:

BUREAU OF DRIVER LICENSING
DRIVER RECORD SERVICES
P.O. BOX 88695
HARRISBURG, PA 17106-8695

For overnight and other special mail:

BUREAU OF DRIVER LICENSING
DRIVER RECORD SERVICES
1101 SOUTH FRONT STREET 3RD FLOOR
HARRISBURG PA 17104-2516

DESCRIPTION OF INFORMATION AVAILABLE

BASIC INFORMATION Includes name, address, driver number, date of birth and class of license.

(\$12.00 fee)

3 YEAR RECORD* Includes name, address, driver number, date of birth, class, license status, Departmental actions and violations for the past 3 years from the date request is processed.

(\$12.00 fee)

10 YEAR RECORD* Includes name, address, driver number, date of birth, class, license status, Departmental actions and violations for the past 10 years from the date request is processed. A 10-year record is for employment purposes only.

(\$12.00 fee)

FULL HISTORY Includes name, address, driver number, date of birth, class, license status, Departmental actions and violations for the **complete** history of the driver on file in Pennsylvania.

(\$12.00 fee)

CERTIFIED RECORD Includes name, address, driver number, date of birth, class, license status, Departmental actions and violations for the **complete** history of the driver on file in Pennsylvania certified by the Department.

(\$38.00 fee)

MICROFILM

DOCUMENT Copies of documents retained by the Department are available for purchase from the microfilm file. You must be specific as to the type of document and the date of the violation/action.

(\$12.00 fee)

CERTIFIED COPY

OF DOCUMENT Copies of documents from the microfilm file that have been certified by the Department.

(\$38.00 fee)

IMPORTANT INFORMATION CONCERNING THE USE OF DRIVER INFORMATION

- Driver record information is confidential and restricted information and the Requestor/End User is responsible for establishing procedures to protect the confidentiality of these records.
- Driver record information can only be used for the purpose stated in Section D.
- Driver record information cannot be sold, assigned, or otherwise transferred to any party, other than the End User.
- PennDOT retains exclusive ownership of all driver record information and the Requestor/End User shall not combine and/or link in with any other data on any database except as may be required by law.
- The driver record information cannot be used for direct mail advertising or any other type or types of mail or mailings.
- The driver record information cannot be disseminated or published on the Internet without the express written permission of PennDOT.
- PennDOT reserves the right to audit each request for driver record information. If the Requestor/End User is found to have requested driver record information for an unauthorized purpose, access to Pennsylvania driver record information will be terminated.

Visit us at www.dmv.pa.gov or call us at: 717-412-5300 ♦ TDD: 711

* Businesses who obtain driver records for the purpose of employment or insurance are now able to obtain and print these records, in real time, through our enhanced Online Services.

If you are an employer or insurance company/agent and are interested in becoming an authorized Online business user, please visit our website at www.dmv.pa.gov and click on "Online Business Services" for more information.