



CERTIFICATION ID:

CERTIFICATION PURPOSE: VOLUNTEER

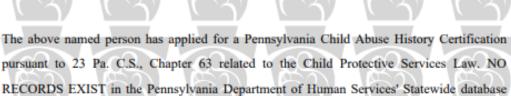
VERIFICATION DATE: 5/25/2023

SOCIAL SECURITY #: XXX-XX-NONE

DATE OF BIRTH: 10/10/1010







listing (Student A. Name | as a perpetrator of an Indicated or Founded report

of child abuse.









Applicants are required to show the Administrator the results of their Child Abuse History Certification. Administrators are required to keep a copy of this Child Abuse History Certification on file. Any person altering the contents of this document may be subject to civil, criminal or administrative action.

ISSUED BY Commonwealth of Pennsylvania
Department of Human Services
CHILDLINE AND ABUSE REGISTRY
ChildLine Verification Unit
P.O. Box 8170
Harrisburg, PA 17105-8170
1-877-371-5422

ANY ALTERATION OR ERASURE VOIDS THIS DOCUMENT

04639O CY893O - 6/00