



Ashley Mitchell <ashley.mitchell634@gmail.com>

Email from HCO

PATCH Record Check Request Review <ch.noreply@fiserv.com>

Wed, Jan 8 at 5:44 PM

Reply-To: <noreply@pa.gov>

To: <ashley.mitchell634@gmail.com>

Pennsylvania Access to Criminal History Pennsylvania State Police 1800 Elmerton Ave. Harrisburg, PA 17110

Your Order

| Quantity | Item | Unit | Price |
|------------------|----------------|--------|--------------|
| 1 | MitchellAshley | 22 USD | 22.0 |
| Total USD | | | 22.00 |

This order is now complete. Transaction Processed!

Here is your receipt:

===== TRANSACTION RECORD =====
PA BACKGROUND CHECK
1800 ELMERTON AVE.
HARRISBURG, PA 17110
USA
<https://www.pa.gov>

TYPE: Purchase

ACCT: Visa \$ 22.00 USD

CARDHOLDER NAME : Dawn Buck
CARD NUMBER : #####9185
DATE/TIME : 08 Jan 25 17:44:33
REFERENCE # : 001 036568 T
AUTHOR. # : 689222
TRANS. REF. :

Approved - Thank You 100

Please retain this copy for your records.

Cardholder will pay above amount to
card issuer pursuant to cardholder
agreement.

=====

For Questions and Inquiries? PATCH Helpdesk 1-888-QUERY-PA (1-888-783-7972) Please print a copy of this receipt for your records.

Record Check Details

*This screen displays the details of a particular record check request. The request process has been completed. **You may now print the certification form for your records.** Nothing will be mailed to you. To view/print the receipt associated with this record check request just click on the receipt **number** hyperlink. To view/print the certification form for this request click on the **Certification Form** hyperlink.*

Control # R32315568

Requested by Ashley Mitchell

| | | | |
|----------------------------|-----------------|--------------------------|------------------|
| Subject Name: | Mitchell,Ashley | Status: | No Record |
| Alias/Maiden Name 1 | Mitchell,Ashley | Request Date: | 01/08/2025 05:44 |
| | : Ashley | | PM |
| Race: | Black | Last Update Date: | 01/08/2025 05:44 |
| Sex: | F | | PM |
| Date of Birth: | 09/09/1998 | Fee: | \$22.00 |
| Social Security #: | xxx-xx-1720 | Payment Method: | Credit Card |
| Reason for Request: | Other | Receipt #: | R32315568 |

Certification Form

Back