

**AFFIDAVIT FOR PARENTS OF MINORS
TO EXEMPT MINOR FROM FINGERPRINTING**

COMPLETE ONLY IF MINOR HAS BEEN A RESIDENT OF PENNSYLVANIA FOR THE PAST TEN (10) YEARS AND NOT CONVICTED OF ANY CRIMES AS NOTED.

I swear/affirm that _____, my child,
Name of Minor Staff Member (please print full name)

has been a resident of Pennsylvania during the entirety of the previous ten-year period. I swear/affirm that he/she has not been named as a perpetrator of a founded report of child abuse within the past five (5) years as defined by the Child Protective Services Law.

Parent Signature

Date: