

Departmental/Agency Letterhead
Address
City, ST Zip
Phone Number
Fax Number

[Current Date]

ICPC
PO Box 5590
Destin FL 32540

RE: Chaplain/Officer [*First Name-Last Name*]

Our [department/agency] performed a criminal background check on Chaplain/Officer [*Last Name*] who began serving our agency on [*date*] as (*choose one*) sworn, volunteer, liaison coordinator, full time paid chaplain or chaplain coordinator.

Sincerely,

[*INSERT SIGNATURE HERE*]

Full Name and Title of
Chief/Officer/Secretary