

*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

Greetings,

Our department/agency performed a criminal background check on Chaplain/Officer Last Name who began serving our agency on (insert date) as a (choose one) volunteer/paid chaplain or liaison officer/chaplain coordinator.

Sincerely,

YOU MUST HAVE A SIGNATURE INSERTED HERE

Full Name of

Chief/Officer/Secretary