WASHINGTON STATE PATROL

Identification and Criminal History Section PO Box 42633, Olympia WA 98504-2633

REQUEST FOR CRIMINAL HISTORY INFORMATION CHILD/ADULT ABUSE INFORMATION ACT RCW 43.43.830 THROUGH 43.43.845

XCW 43.43.630 THROUGH 4.

(Instructions on Reverse Side)

A REQUESTING AGENCY/ADDRESS	B PURPOSE Check appropriate box
Address City/State/Zip I certify this request is made pursuant to and for the purpose indicated. Authorized Signature Date () Title Area Code/Phone Number	Educational School District (ESD)/School District Volunteer – no fee Non-Profit Business/Organization – no fee (Excluding Schools & ESD's) Profit Business/Organization - \$35 Adoptive Parent - \$35 Fees: Make payable to Washington State Patrol by check, money order, or business account. Notary letters certifying the results are available upon request. There is an additional \$5.00 processing fee per notary seal. Notarized Letter(s)
APPLICANT OF INQUIRY (Please provide as much information as possible; name and date of birth are mandatory.) Applicant's Name: Last First Middle Alias/Maiden Name(s): Date of Birth: Month/Day/Year Driver's Lic. Number/State: Secondary dissemination of this criminal history record information response is prohibited unless in compliance with statute.	
WASHINGTON STATE PATROL IDENTIFICATI As of this date, the applicant named below has no record pursuant to RCW 43.43.830 through 43.43.845. Requesting Agency Applicant's Signature Address City/State/Zip	ON & CRIMINAL HISTORY SECTION WSP Use Only Applicant Right Thumb Print (Optional)