## WASHINGTON STATE PATROL



RESET

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

(Clears all Fields in the Form) RCW 43.43.830 THROUGH 43.43.845 REQUESTING AGENCY/ADDRESS PURPOSE A B Check appropriate box Agency Educational School District (ESD)/School District Volunteer - no fee Non-Profit Business/Organization - no fee (Excluding Schools & ESD's) Address Profit Business/Organization - \$17 City/State/Zip Adoptive Parent - \$17 I certify this request is made pursuant to and for the purpose indicated. Receive background results electronically Email address (must be at least 8 characters) Password Authorized Signature Date 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 Title Area Code/Phone Number \$10.00 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.) C Applicant's Name: Alias/Maiden Name(s): Date of Birth: Month/Day/Year Secondary dissemination of this criminal history record information response is prohibited unless in compliance with statute. WASHINGTON STATE PATROL IDENTIFICATION & CRIMINAL HISTORY SECTION D 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 Applicant's Name Address

City/State/Zip