

Student Name:

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

(Instructions on Reverse Side)

<p>(A) REQUESTING AGENCY/ADDRESS</p> <p>C-W Parent Co-op Preschool</p> <hr/> <p>Agency</p> <p>Registrar</p> <hr/> <p>Attn</p> <p>P.O. Box 796</p> <hr/> <p>Address</p> <p>Camas, WA 98607</p> <hr/> <p>City/State/Zip</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"><p>I certify this request is made pursuant to and for the purpose indicated.</p><hr/><p>Authorized Signature _____ Date _____</p><p>_____ () _____</p><p>Title _____ Area Code/Phone Number _____</p></div>	<p>(B) PURPOSE</p> <p>Check appropriate box</p> <p><input type="checkbox"/> Educational School District (ESD)/School District Volunteer – no fee</p> <p><input checked="" type="checkbox"/> Non-Profit Business/Organization – no fee (Excluding Schools & ESD's)</p> <p><input type="checkbox"/> Profit Business/Organization - \$35</p> <p><input type="checkbox"/> Adoptive Parent - \$35</p> <p>Fees: Make payable to Washington State Patrol by check, money order, or business account.</p> <p>Notary letters certifying the results are available upon request. There is an additional \$5.00 processing fee per notary seal.</p> <p>_____ Notarized Letter(s)</p>
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(C) 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: _____ Sex: _____ Race: _____

Month/Day/Year

Social Security Number: _____ Driver's Lic. Number/State: _____ / _____

Secondary dissemination of this criminal history record information response is prohibited unless in compliance with statute.

(D) WASHINGTON STATE PATROL IDENTIFICATION & CRIMINAL HISTORY SECTION

WSP Use Only

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 _____

Applicant Right Thumb Print (Optional)