

# 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)

### A. REQUESTING AGENCY/ADDRESS

Shoreline Public Schools

Agency

Sue Hempel

Attn.

18560-1<sup>st</sup> Ave. NE

Address

Shoreline, WA 98155

City/State/Zip

I certify this request is made pursuant to and for purpose indicated.

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date

Substitute Coordinator (206) 361-4224

### B. PURPOSE

ESD/School District Volunteer – no fee

Non-Profit Busn./Org. – no fee (Excluding Schools & ESD's)

Profit Business/Org. - \$10

Adoptive Parent - \$10

Fees:

Make payable to Washington State Patrol by cashier's check, money order, or commercial 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)

### 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:

\_\_\_\_\_

Date Of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_ Race: \_\_\_\_\_  
Month/Day/Year

Driver's Lic. Number/State: \_\_\_\_\_ / \_\_\_\_\_

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

### D. IDENTIFICATION DECLARING NO EVIDENCE

WASHINGTON STATE PATROL IDENTIFICATION & CRIMINAL HISTOTY SECTION

WSP Use Only

\_\_\_\_\_  
School or School Program

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Applicant's Name (Please Print)

\_\_\_\_\_  
Address

\_\_\_\_\_  
City/State/Zip

Valid Two Years From Issue

Applicant Right Thumb Print (Optional)