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

Wahkiakum School District
Agency

Ric Palmer
Attn

500 S 3rd St/ PO Box 398
Address

Cathlamet WA 98612
City/State/Zip

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

Authorized Signature   Date

Superintendent   (360) 795-3971
Title   _Area Code/Phone Number_

(B) ## PURPOSE
Check appropriate box

[✓] 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)**

(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: _____ / _____
(optional)

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.

Wahkiakum School District
Requesting Agency

_____
Applicant's Signature

_____
Applicant's Name

_____
Address

_____
City/State/Zip

Applicant Right Thumb Print (Optional)