

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>Northshore School District Agency</p> <p>Communications Department Attn</p> <p>3330 Monte Villa Parkway Address</p> <p>Bothell, WA 98021 City/State/Zip</p> <p>I certify this request is made pursuant to and for the purpose indicated.</p> <table border="0"><tr><td>Authorized Signature</td><td>Date</td></tr><tr><td>Partnerships Coordinator</td><td>(425) 408-7673</td></tr><tr><td>Title</td><td>Area Code/Phone Number</td></tr></table>	Authorized Signature	Date	Partnerships Coordinator	(425) 408-7673	Title	Area Code/Phone Number	<p>B PURPOSE</p> <p>Check appropriate box</p> <p><input checked="" type="checkbox"/> Educational School District (ESD)/School District Volunteer – no fee</p> <p><input 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>
Authorized Signature	Date						
Partnerships Coordinator	(425) 408-7673						
Title	Area Code/Phone Number						

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

As of this date, the applicant named below has no record pursuant to RCW 43.43.830 through 43.43.845.

Northshore School District
Requesting Agency

Applicant's Signature

Applicant's Name

Address

City/State/Zip

WSP Use Only

Applicant Right Thumb Print (Optional)