

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**

Agency
Greater Maple Valley Community Center
22010 SE 248th Street
Maple Valley, WA 98038

Address

City/State/Zip

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

Authorized Signature _____
425-432-1272

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.

Greater Maple Valley Community Center

Requesting Agency _____

Applicant's Signature _____

Applicant's Name _____

Address _____

City/State/Zip _____

Applicant Right Thumb Print (Optional)