

# 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

**(A) REQUESTING AGENCY/ADDRESS**  
White Pass School District  
Agency  
District Office Staff  
Attn  
PO Box 188 / 5116 Silverbrook RD  
Address  
Randle, Wa 98377  
City/State/Zip

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

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

\_\_\_\_\_ ( ) \_\_\_\_\_  
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 - \$17

Adoptive Parent - \$17

Receive background results electronically

Email address \_\_\_\_\_

Password \_\_\_\_\_ (must be at least 8 characters)

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 \$10.00 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

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.

White Pass School District NO. 303  
Requesting Agency

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

Applicant's Name \_\_\_\_\_

Address \_\_\_\_\_

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