

# 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><b>(A) REQUESTING AGENCY/ADDRESS</b></p> <p>Longview School District  <small>Agency</small></p> <p>Sandy Catt  <small>Attn</small></p> <p>2715 Lilac Street  <small>Address</small></p> <p>Longview, WA 98632  <small>City/State/Zip</small></p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>I certify this request is made pursuant to and for the purpose indicated.</p>   <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; border-bottom: 1px solid black;">Authorized Signature</td> <td style="width: 40%; border-bottom: 1px solid black;">Date</td> </tr> <tr> <td style="border-bottom: 1px solid black;"></td> <td style="border-bottom: 1px solid black; text-align: center;">( 360 ) 575-7018</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Title</td> <td style="border-bottom: 1px solid black; text-align: center;">Area Code/Phone Number</td> </tr> </table> </div>	Authorized Signature	Date		( 360 ) 575-7018	Title	Area Code/Phone Number	<p><b>(B) PURPOSE</b></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 &amp; ESD's)</p> <p><input type="checkbox"/> Profit Business/Organization - \$35</p> <p><input type="checkbox"/> Adoptive Parent - \$35</p> <p><b>Fees:</b> Make payable to <b>Washington State Patrol</b> by check, money order, or business account.</p> <p><b>Notary letters certifying the results are available upon request. There is an additional \$5.00 processing fee per notary seal.</b></p> <p>_____ Notarized Letter(s)</p>
Authorized Signature	Date						
	( 360 ) 575-7018						
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: XXXXXXXXXXXXXXXX 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.

LONGVIEW SCHOOL DISTRICT  
 \_\_\_\_\_  
Requesting Agency

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

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

Address \_\_\_\_\_

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

Applicant Right Thumb Print (Optional)