

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
CATHOLIC FAMILY AND CHILD SERVICE

Agency
Volunteer Services

Attn
5301 Tieton Drive, Ste C

Address
Yakima, WA 98908

City/State/Zip

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)

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

Authorized Signature	Date
<u>Dorothy Morales, Elder</u>	<u>(509) 965-7100</u>
Services Director	Area Code/Phone Number
Title	

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

Driver's Lic. Number/State: _____ / _____

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.

Volunteer Chore Services
Requesting Agency

Applicant's Signature _____

Applicant's Name _____

Address _____

City/State/Zip _____

WSP Use Only

Applicant Right Thumb Print (Optional)