## 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)

REQUESTING AGENCY/ADDRESS WESTWOOD BAPTIST CHURCH	PURPOSE Check appropriate box
Attn 333 Kaiser Road NW  Address  Olympia, WA 98502  City/State/Zip  I certify this request is made pursuant to and for the purpose indicated.  Authorized Signature  Date  Executive Pastor (306) 866-6888  Title Area Code/Phone Number	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 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 \$5.00 processing fee per notary seal.
	Notarized Letter(s)
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:  Month/Day/Year  Secondary dissemination of this criminal history record information response is prohibited unless in compliance with statute.	
WASHINGTON STATE PATROL IDENTIFICATION  As of this date, the applicant named below has no record	
pursuant to RCW 43.43.830 through 43.43.845.  Requesting Agency	
Applicant's Signature  Applicant's Name	Applicant Right Thumb Print (Optional)
Address  City/State/Zip	