

# 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

Issaquah School District #411

Agency

Sharon Hechinger

Attention

565 NW Holly Street

Address

Issaquah, WA 98027

City/State/Zip

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

Authorized Signature

Date

Title

### B PURPOSE

ESD/School District volunteer - no fee

Non-Profit Busn.Org-no fee (Excluding Schools & ESD's)

Profit Business/Org. - \$10

Adoptive Parent - \$10

Fees:

Make payable to **Washington State Patrol** by cashier's check, money order, or commercial business account.

**NO PERSONAL/CERTIFIED CHECKS ACCEPTED**

### C APPLICANT OR INQUIRY

Applicant's Name: Last

First

Middle

Alias/Maiden Name

Date of Birth

Sex

Race

Social Security Number

Driver's License Number / State

Secondary dissemination of this criminal history record information response is prohibited unless in compliance with RCW 10.97.050

### D IDENTIFICATION DECLARING NO EVIDENCE

#### WASHINGTON STATE PATROL IDENTIFICATION & CRIMINAL HISTORY

(This PORTION MAILED BY REQUESTING AGENCY) As of this date, the applicant named below shows no evidence pursuant to RCW 43.43.830 through 43.43.845

Issaquah School District #411

Requesting Agency

Applicant's Signature

Applicant's Name

Address

City / State / Zip

WSP Use Only

Valid Two Years From Issue

Right Thumb Print (Optional)