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**

Cougar Ridge Elementary
Agency

Jackie Tanner
Attn

4630 167th Ave SE
Address

Bellevue, WA 98006
City/State/Zip

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

Authorized Signature Date

( )
Title Area Code/Phone Number

B **PURPOSE**

Check appropriate box

- [x] 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)

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.

PLEASE COMPLETE SECTION "C" ABOVE AND RETURN ALL COMPLETED ATTACHED FORMS TO THE **COUGAR RIDGE OFFICE**