

# WASHINGTON STATE PATROL

## Request for Criminal History Information Child/Adult Abuse Information Act RCW 43.43.830 through 43.43.840

**INSTRUCTIONS:** Please return the completed form along with a LEGIBLE copy of the applicant's current Washington State Drivers License.

Non-Profit Business/Organization

### REQUESTOR INFORMATION – To be completed by the school principal Please PRINT

School \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

Phone \_\_\_\_\_

Date \_\_\_\_\_

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

Principal Signature \_\_\_\_\_

### Applicant of Inquiry – Please PRINT

Applicant Name: \_\_\_\_\_  
Last First Middle

Alias/Maiden Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_ Race: \_\_\_\_\_  
Month/Day/Year

Drivers License Number: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
\_\_\_\_\_

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

Secondary dissemination of this criminal history record information response is prohibited unless in compliance with RCW10.97.050

Retain copy for your file and send a copy to:  
Diocesan Education Office, P.O. Box 1453, Spokane, WA 99210

FORM: 204  
Revised 11/24/10