

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

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

Applicant Name: _____
Last First Middle

Alias/Maiden Name: _____

Date of Birth: _____ Sex: _____ Race: _____
Month/Day/Year

Social Security Number: _____ 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

SUBMIT WITH A LEGIBLE COPY OF APPLICANT'S DRIVERS LICENSE TO:
DIOCESAN SCHOOL OFFICE
PO BOX 1453
SPOKANE, WA 99210-1453