

WASHINGTON STATE PATROL

Identification and Criminal History Section

PO Box 42633

Olympia WA 98504-2633

(360) 534-2000

<http://watch.wsp.wa.gov>



REQUEST FOR CONVICTION CRIMINAL HISTORY RECORD (RCW 10.97)

INSTRUCTIONS: PLEASE COMPLETE THIS FORM WHEN REQUESTING **CONVICTION** CRIMINAL HISTORY RECORD INFORMATION FROM THE IDENTIFICATION AND CRIMINAL HISTORY SECTION. MAIL REQUEST TO ADDRESS NOTED ABOVE WITH \$17.00 CHECK OR MONEY ORDER OR COME TO OUR OFFICE AT 3000 PACIFIC AVENUE, OLYMPIA, WA. **NOTE: IT MAY TAKE 7 TO 14 BUSINESS DAYS FOR RESPONSE WHEN MAILED. FOR AN IMMEDIATE RESPONSE, ACCESS OUR WEB SITE LISTED ABOVE TO CONDUCT YOUR CRIMINAL HISTORY REQUEST FOR \$10.00 USING A CREDIT CARD.**

NOTARIZED LETTERS ARE AN ADDITIONAL \$5.00 PER NOTARY SEAL _____ Notarized Letter(s)
(available by mail only)

NOTE: The requested record information is furnished solely on the basis of name and/or description similarity with the subject of your inquiry. Positive identification or non-identification can only be effected upon receipt of fingerprints. Applicant may be advised of inquiry.

A SUBJECT INFORMATION: (Please type or print clearly)

Applicant's Name: _____
Last First Middle

Alias/Maiden Name: _____

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

B REQUESTOR INFORMATION: (Please type or print clearly)

DATE: ____/____/____ (print) Name/Title of Requestor Requestor's Signature
Mo. Day Yr.

Receive background results electronically Phone No. (____) _____

Email address Password (must be at least 8 characters)

REQUESTOR'S ADDRESS: (type or print clearly)

Silverwood School

Name

14000 Central Valley Road NW

Address

Poulsbo WA 98370

City State ZIP Code

Subject's Right Thumb Print (Optional)