

# 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**

Nespelem School District No. 14  
Agency  
Mitzi Adolph, Business Manager  
Attn  
229 Schoolhouse Loop Road  
Address  
Nespelem, WA 99155  
City/State/Zip

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

\_\_\_\_\_  
Authorized Signature Date

Business Manager ( 509 ) 634-4541  
Title Area Code/Phone Number

**B PURPOSE**  
Check appropriate box

Educational School District (ESD)/School District Volunteer – no fee

Non-Profit Business/Organization – no fee (Excluding Schools & ESD's)

Profit Business/Organization - \$17

Adoptive Parent - \$17

Receive background results electronically

Email address \_\_\_\_\_

Password \_\_\_\_\_ (must be at least 8 characters)

**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 \$10.00 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.

**D WASHINGTON STATE PATROL IDENTIFICATION & CRIMINAL HISTORY SECTION**

As of this date, the applicant named below has no record pursuant to RCW 43.43.830 through 43.43.845.

\_\_\_\_\_  
Requesting Agency

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

\_\_\_\_\_  
Applicant's Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City/State/Zip