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

	REQUESTING AGENCY/ADDRESS Sultan School District-Sultan Elementary School	PURPOSE Check appropriate box
~	Agency	- ·
_	Jennifer Moon	Educational School District (ESD)/School District Volunteer – no fee
	501 Date Ave	Non-Profit Business/Organization – no fee
	Address	(Excluding Schools & ESD's)
	Sultan, WA 98294	Profit Business/Organization - \$17
	City/State/Zip I certify this request is made pursuant to and for the purpose indicated.	Adoptive Parent - \$17
	- and and redemning the result of the result of the following	Receive background results electronically
		Email address
	LAN NON	Password (must be at least 8 characters)
	Authorized Signature Date	Fees: Make payable to Washington State Patrol by check, money order, or business account.
	Clork Parinters (260) 702 0020	
	Clerk-Registrar (360) 793-9830 Title Area Code/Phone Number	Notary letters certifying the results are available upon request. There is an additional \$10.00 processing fee per notary seal.
		Notarized Letter(s)
		(a)
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:		
Secondary dissemination of this criminal history record information response is prohibited unless in compliance with statute.		
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.		
Sultan Elementary School		
	Requesting Agency	
,	Applicant's Signature	
-	Applicant's Name	
'	representation and the contractions of the contraction of the contract	
-	Address	
-	City/State/Zip	