



**Team Name:** \_\_\_\_\_

**Washington State Patrol Form**

**Request For Criminal History Information**

**Child/Adult Abuse Information Act RCW 43.43.830 Through 43.43.845**

**A Requesting Agency/Address**

Agency: Special Olympics Washington

Attn: Susie Arnold

Address: 2150 North 107th Street, Suite 220

City/State/Zip: Seattle, WA 98133

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

Susie Arnold

Authorized Signature

Date

Administrative Coordinator    206-362-4949 ext. 208

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 - \$10
- Adoptive Parent - \$10

Fees: Make payable to Washington State Patrol by cashier's check, money order, or business account.

**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

Social Security Number: \_\_\_\_\_ Driver's Lic. Number/State: \_\_\_\_\_ / \_\_\_\_\_

Secondary dissemination of this criminal history record information response is prohibited unless in compliance with RCW 10.97.050.

**D Identification Declaring No Evidence**  
**Washington State Patrol Identification & Criminal History Section**

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

**Special Olympics Washington**

Requesting Agency

➔ **Applicant Signature** (Required)

Applicant Name

Address

City/State/Zip

3000-240-430 (09/01)

WSP Use Only

Valid Two Years From Issue

Applicant Right Thumb Print (Optional)

➔ **Mail Completed Form To: Special Olympics Washington**

Attn: Susie Arnold  
2150 North 107th St #220  
Seattle, WA 98133