

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

AGENCY: The Carly Stowell Foundation

ADDRESS: 16915 SE 272nd St, Box 101, Covington, WA 98042

(B) PURPOSE

- 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

(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:

Month/Day/Year

Sex:

Race:

Driver's Lic. Number/State:

Applicant's Signature:

Address:

City

State

Zip

IDENTIFICATION DECLARING NO EVIDENCE

WASHINGTON STATE PATROL IDENTIFICATION & CRIMINAL HISTORY SECTION

The applicant shows no evidence pursuant to RCW 43.43.830 through 43.43.845.

Reviewed:

Initial: _____

Date: _____

Valid One Year From Issue