

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
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Alias/Maiden Name(s): _____

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

Driver's Lic. Number/State: _____ / _____

Applicant's Signature: _____

Address: _____

City	State	Zip
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(D)

**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: <input type="checkbox"/>
Initial: _____
Date: _____
Valid One Year From Issue