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| **Washington State Patrol**Identification and Criminal History SectionPO Box 42633, Olympia, WA 98504-2633 | **Request for Criminal History Information**Child/Adult Abuse Information ActRCW 43.43.830 through 43.43.845 |

**REQUESTING AGENCY**

South Sound Estuary Association dba Puget Sound Estuarium

PO Box 2182

Olympia, WA 98507

center@sseacenter.org

Purpose: Non-Profit Organization – volunteer activities involving children

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

 Authorized Signature Date

 Title Phone Number

**APPLICANT OF INQUIRY**

Applicant’s Name:

 Last First Middle

Alias/Maiden Name(s):

Date of Birth: Sex: Race:

Address/City/State/Zip:

Does Applicant have any convictions or any pending criminal charges? Yes/No:

I acknowledge the above information is complete and accurate.

 Signature Date

The information provided on this form is being used to run a criminal history check. If the Applicant requests a copy of the results, the South Sound Estuary Association will inform the Applicant that the background check is complete within 10 days of receiving this form.

As of this date, the applicant named above has no record pursuant to RCW 43.43.830 — 43.43.845

South Sound Estuary Association