## 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  Mt. Spokane High School	PURPOSE Check appropriate box
Agency Music Department	Educational School District (ESD)/School District Volunteer – no fee
6015 E. Mt. Spokane Park Drive	Non-Profit Business/Organization – no fee (Excluding Schools & ESD's)
Address Mead, WA 99021	Profit Business/Organization - \$17
City/State/Zip	Adoptive Parent - \$17
I certify this request is made pursuant to and for the purpose indicated.	Receive background results electronically
	Email address
Danen Helson	Password(must be at least 8 characters)
Authorized Signature Date	Fees: Make payable to Washington State Patrol by check, money order, or business account.
Principal (509) 465-7200 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)
APPLICANT OF INQUIRY (Please provide as much inform	ation as possible; name and date of birth are mandatory.)
Applicant's Name: Last First	Middle
Alias/Maiden Name(s):	
Date of Birth: Sex: Month/Day/Year	Race:
Secondary dissemination of this criminal history record information r	esponse is prohibited unless in compliance with statute.
WASHINGTON STATE PATROL IDENTIFICATION	AND O OPINALAL LUCTORY SECTION
	ON & CRIMINAL HISTORY SECTION
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Mt. Spokane High School Requesting Agency	
Mt. Spokane High School	
Mt. Spokane High School Requesting Agency	
Mt. Spokane High School Requesting Agency Applicant's Signature	