

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 (Instructions on Reverse Side)

<p>A REQUESTING AGENCY/ADDRESS</p> <p>Columbia Christian Homeschool</p> <p>Agency</p> <p>Laura Thompson</p> <p>Attn</p> <p>410 Pioneer Dr</p> <p>Address</p> <p>Wenatchee, WA 98801</p> <p>City/State/Zip</p> <p>I certify this request is made pursuant to and for the purpose indicated.</p> <table border="1"><tr><td>Authorized Signature</td><td>Date</td></tr><tr><td>President, CCHC</td><td>(509) 387-6524</td></tr><tr><td>Title</td><td>Area Code/Phone Number</td></tr></table>	Authorized Signature	Date	President, CCHC	(509) 387-6524	Title	Area Code/Phone Number	<p>B PURPOSE</p> <p>Check appropriate box</p> <p><input type="checkbox"/> Educational School District (ESD)/School District Volunteer – no fee</p> <p><input checked="" type="checkbox"/> Non-Profit Business/Organization – no fee (Excluding Schools & ESD's)</p> <p><input type="checkbox"/> Profit Business/Organization - \$35</p> <p><input type="checkbox"/> Adoptive Parent - \$35</p> <p>Fees: Make payable to Washington State Patrol by check, money order, or business account.</p> <p>Notary letters certifying the results are available upon request. There is an additional \$5.00 processing fee per notary seal.</p> <p>_____ Notarized Letter(s)</p>
Authorized Signature	Date						
President, CCHC	(509) 387-6524						
Title	Area Code/Phone Number						

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: _____ n/a _____ Driver's Lic. Number/State: _____ / _____
(optional)

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

D WASHINGTON STATE PATROL IDENTIFICATION & CRIMINAL HISTORY SECTION

WSP Use Only

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

Columbia Christian Homeschool Co-op

Requesting Agency

Applicant's Signature

Applicant's Name

Address

City/State/Zip

Applicant Right Thumb Print (Optional)