

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)

A REQUESTING AGENCY/ADDRESS

Charter Oak Community Church

Agency

Laurie Howard

Attn

PO Box 730

Address

Battle Ground, WA 98604

City/State/Zip

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

Laurie Howard 8/11/2022
Authorized Signature Date

Office Administrator (360) 687-3347
Title Area Code/Phone Number

B PURPOSE

Check appropriate box

- 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

Fees: Make payable to **Washington State Patrol** by cashier's check, money order, or business account.

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: n/a / n/a

Secondary dissemination of this criminal history record information response is prohibited unless in compliance with RCW 10.97.050.

D IDENTIFICATION DECLARING NO EVIDENCE WASHINGTON STATE PATROL IDENTIFICATION & CRIMINAL HISTORY SECTION

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

Charter Oak Community Church

Requesting Agency

Applicant's Signature

Applicant's Name

Address

City/State/Zip

3000-240-430 (09/01)

WSP Use Only

Valid Two Years From Issue

Applicant Right Thumb Print (Optional)