

CHIMACUM SCHOOL DISTRICT

Washington State Patrol Criminal History Record Reference RCW 10.97 Request for Criminal History Record

Today's Date:

Instructions to Applicant: Please complete this form and return it to the District Office. One form covers all schools in the district.

NOTE: The requested record information is furnished solely on the basis of name and/or description similarity. Positive identification or non-identification can only be effected upon receipt of fingerprints.

APPLICATION INFORMATION

NAME	Last	First	Middle
Alias/Maiden Name	Last	First	Middle

Date of Birth:	Male [] Female []	Race:
Mailing Address:		
Home Phone:	Cell Phone:	
Email Address:		
Requested for:	Field Trip [] Applicant [] Volunteer [] _____ []	
Applicant Signature:	Date:	

For Office Use

Verify applicant's name matches with valid driver's license. []

Date of clearance: _____ Initial: _____

Results attached: []

Return this form to the District Office.
If you have any questions call (360)732-4090 Ext 223.