



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
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REQUESTING AGENCY

South Sound Estuary Association
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 _____