

WASHINGTON STATE PATROL

Identification and Criminal History Section
PO Box 42633, Olympia WA 98502-6333



REQUEST FOR CRIMINAL HISTORY INFORMATION CHILD/ADULT ABUSE INFORMATION ACT RCW 43.43.830 THROUGH 43.43.845

<p>A REQUESTING AGENCY/ADDRESS</p> <p>GraysHarbor College Agency</p> <p>Nursing Program Attn</p> <p>1620 Edward P Smith Drive Address</p> <p>Aberdeen, WA 98520</p>	<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 type="checkbox"/> Non-Profit Business/Organization no fee (Excluding Schools & ED's)</p> <p><input type="checkbox"/> Private</p>
<p>Authorized Signature _____ Date _____</p> <p>Assoc. Dean of Nursing ((360)) 538-4147 Title Area Code/Phone Number</p>	<p>_____ N/A (must be at least 8 characters)</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 (available by mail only). There is an additional \$5.00 processing fee per notary seal.</p> <p>_____ Notarized Letter(s)</p>

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

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

D WASHINGTON STATE PATROL IDENTIFICATION & CRIMINAL HISTORY SECTION

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

Grays Harbor College Nursing Department
Requesting Agency

WSP Use Only

City/State/Zip

