WASHINGTON STATE PATROL
Identification and Criminal History Section
PO Box 42633
Olympia WA 98504-2633
(360) 705-5100
https://watch.wsp.wa.gov

REQUEST FOR CONVICTION CRIMINAL HISTORY RECORD (RCW 10.97)

INSTRUCTIONS: PLEASE COMPLETE THIS FORM WHEN REQUESTING **CONVICTION** CRIMINAL HISTORY RECORD INFORMATION FROM THE IDENTIFICATION AND CRIMINAL HISTORY SECTION. MAIL REQUEST TO ADDRESS NOTED ABOVE WITH $35.00 CHECK OR MONEY ORDER OR COME TO OUR OFFICE AT 3000 PACIFIC AVENUE, OLYMPIA, WA. ***NOTE: IT MAY TAKE 7 TO 10 BUSINESS DAYS FOR RESPONSE WHEN MAILED. FOR AN IMMEDIATE RESPONSE, ACCESS OUR WEB SITE LISTED ABOVE TO CONDUCT YOUR CRIMINAL HISTORY REQUEST FOR $10.00 USING A CREDIT CARD.***

Disregard This Section

NOTARIZED LETTERS ARE AN ADDITIONAL $5.00 PER NOTARY SEAL _____ **Notarized Letter(s)**

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

A **SUBJECT INFORMATION:** **(Please type or print clearly)**

Applicant's Name: _____ _____ _____
Last First Middle

Alias/Maiden Name: _____

Date of Birth: ____/__/____ Sex: _____ Race: _____
Month/Day/Year

Social Security Number: _____ Drivers Lic. #/State _____/___

_____
Signature or Parent/Guardian if under 18 yrs.

WSP USE ONLY

B **REQUESTER INFORMATION:** (Please type or print clearly)

DATE: ____/__/____ Julia Laranang/Office Administrator _____
Mo. Day Yr. (print) Name/Title of Requester

PHONE No. (206) 684-4182 _____
Requester's Signature

REQUESTER'S ADDRESS: (type or clearly stamp address)

Seattle Center Foundation
Requesting Agency
Jullia Laranang
Name
305 Harrison St
Address
Seattle, WA 98109-4645
City State ZIP Code

Right Thumb Print (Optional)