



**REQUEST FOR CONVICTION CRIMINAL HISTORY RECORD (RCW 10.97)**

**INSTRUCTIONS:** PLEASE COMPLETE THIS FORM WHEN REQUESTING **CONVICTION** CRIMINAL HISTORY RECORD INFORMATION BASED ON NAME AND DATE OF BIRTH. MAIL REQUEST TO ADDRESS NOTED ABOVE WITH \$16.00 CHECK OR MONEY ORDER. YOU MAY ALSO COME TO OUR OFFICE AT 3000 PACIFIC AVENUE, OLYMPIA, WA. **NOTE: IT MAY TAKE 7 TO 14 BUSINESS DAYS FOR RESPONSE WHEN MAILED. FOR AN IMMEDIATE RESPONSE, ACCESS OUR WEB SITE LISTED ABOVE TO CONDUCT YOUR CRIMINAL HISTORY REQUEST BY NAME AND DATE OF BIRTH FOR \$12.00 USING A CREDIT CARD.**

**NOTARIZED LETTERS ARE AN ADDITIONAL \$10.00 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

**(B)**

**REQUESTOR INFORMATION: (Please type or print clearly)**

DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_ \_\_\_\_\_  
Mo. Day Yr. (print) Name/Title of Requestor Requestor's Signature

Provide e-mail to receive background results electronically. Phone No. ( ) \_\_\_\_\_

E-mail address \_\_\_\_\_ Password (must be at least 8 characters)

REQUESTOR'S ADDRESS: (type or print clearly)

Subject's Right Thumb Print (Optional)

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State ZIP Code