



Walla Walla Public Schools

364 South Park Street, Walla Walla WA 99362-3293
(509) 527-3000 * FAX (509) 529-7713

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

A REQUESTING AGENCY/ADDRESS
Walla Walla Public Schools
Agency
Nora Carrillo
Attn
364 South Park
Address
Walla Walla, Washington 99362
City / State/ Zip
I certify this request is made pursuant to and for the purpose indicated.
Nora Carrillo 7-30-14
Authorized Signature Date
Personnel Secretary/Receptionist (509) 526-6742
Title Area Code/Phone Number

B PURPOSE
Educational school District (ESD)/School District Volunteer - no fee
Non-Profit Business/Organization-no fee (Excluding schools & ESD's)
Profit Business/Organization - \$17
Adoptive Parent - \$17
Receive background results electronically
Email address
Password (must be at least 8 characters)
Fees: Make payable to Washington State Patrol by check, money order, or business account.
Notary letters certifying the results are available upon request. There is an additional \$10.00 processing fee per notary seal.
Notarized Letter(s)

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: Month / Day / Year Sex: Race:
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.
Walla Walla Public Schools
Requesting Agency
Applicant's Signature
Applicant's Name
Address
City / State / Zip