



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

Form section A: REQUESTING AGENCY/ADDRESS and B: PURPOSE. Includes fields for agency name, address, purpose selection (Educational school District, Non-Profit, Profit Business, Adoptive Parent, Electronic), and signature/date fields.

Form section C: APPLICANT OF INQUIRY. Includes fields for Applicant's Name (Last, First, Middle), Alias/Maiden Name(s), Date of Birth, Sex, Race, and a disclaimer about dissemination.

Form section D: WASHINGTON STATE PATROL IDENTIFICATION & CRIMINAL HISTORY SECTION. Includes fields for Requesting Agency, Applicant's Signature, Applicant's Name, Address, and City / State / Zip.