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|  |  | **REQUEST FOR CRIMINAL HISTORY** **RECORD INFORMATION****WASIS/NCIC III CHECK** **NCIC / WACIC CHECK** |

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| [ ]  Routine | [ ]  Urgent | Date of Request: | 2/17/15 |

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| Type of Request: | [ ]  Classification Update | [ ]  Visitor re:  | [ ]  Volunteer |
|  | [ ]  Intake | Offender |       |  | [ ]  Contract Employee |
|  | [ ]  PSI | [ ]  Furlough Sponsor | [ ]  Prospective Employee |
|  | [ ]  ESR / Risk | [ ]  Update Field File | [ ]  Firearms Requalification |
|  | [ ]  OOS Investigation | [ ]  Update Central File | [ ]  Vendor/Maintenance Worker |
|  | [ ]  Release/ORP/Parole Investigation | [ ]  Wants and Warrants | [x]  Other | Education Event |

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| **REQUIRED DATA:** |
| DOC Number      | SID Number      | FBI Number      | Full Legal Name (Last, First, Middle)      |
| Date of Birth      | Sex       | Race      |

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| **OTHER DATA:** |
| Maiden Name / Alias      | Birthplace       |
| Maiden Name / Alias      | Citizenship      |
| Maiden Name / Alias      | Hair      | Eyes      |
| SSN      | Height      | Weight      |

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| **Mail Stop:** | E-18 |

|  |  |
| --- | --- |
| **Address of Submitting Office (if no mail stop)** | EC Education Department |
|  |       |
| Current Washington State Driver's License  | [ ]  Yes [ ]  No | License Number:       |

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| **[ ]  INTAKE/FOS – CCO SUBMIT FINGERPRINT CARDS TO YOUR LOCAL RECORDS OFFICE.** |

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| **PERSON MAKING REQUEST:** |
| Name(Print)Denise Kammers | TitleAcademic Coordinator | Date2/17/15 |

|  |  |  |
| --- | --- | --- |
|  | : |  |
| Date |  | Initials |

Check boxes for **Employment** and **Visitor** requests only.

|  |  |
| --- | --- |
| Clear Criminal History | [x]  Yes [ ]  No |
| Clear Wants and Warrants | [x]  Yes [ ]  No |

**The contents of this document may be eligible for public disclosure. Social Security Numbers are considered confidential information and will be redacted in the event of such a request. This form is governed by Executive Order 00-03, RCW 42.56, and RCW 40.14.**