

WASHINGTON STATE PATROL
IDENTIFICATION AND CRIMINAL HISTORY SECTION
PO BOX 42633
OLYMPIA, WA 98504-2633

REQUEST FOR CONVICTION CRIMINAL HISTORY RECORDS

INSTRUCTIONS:

PLEASE COMPLETE THIS FORM WHEN REQUESTING CONVICTION CRIMINAL HISTORY RECORD INFORMATION FROM THE WASHINGTON STATE PATROL IDENTIFICATION AND CRIMINAL HISTORY SECTION. MAIL REQUEST TO ADDRESS NOTED ABOVE WITH \$10 MONEY ORDER, COMMERCIAL BUSINESS ACCOUNT CHECK OR CASHIER CHECK, (NO PERSONAL CHECKS), PAYABLE TO THE WASHINGTON STATE PATROL.

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. Subject may be advised of inquiry.

A. SUBJECT INFORMATION: (Please provide as much information as possible in space below)

Applicant's Name: _____
(LAST) (FIRST) (MIDDLE)

Alias/Maiden Name: _____

Date of Birth: _____ Sex: _____
MONTH/DAY/YEAR

Race: _____

Social Security Number: _____

Drivers Lic. Number/State _____ / _____

**WSP USE
ONLY**

B. REQUESTER INFORMATION:

DATE: ____ / ____ / ____ / _____
MONTH DAY YEAR (PRINT) NAME/TITLE OF REQUESTER

PHONE NO. () _____
REQUESTER'S SIGNATURE

REQUESTER'S ADDRESS: (TYPE OR CLEARLY STAMP ADDRESS)

