

Washington State Patrol

Request for Criminal History Child/Adult Information Act RCW 43.43.830-845

Form can be mailed or emailed to the addresses below.

Western Washington- Mail completed form to:

Special Olympics Washington Attention: Background Check 1809 7th Ave Suite 1509 Seattle, WA. 98101

Questions: Phone 206-362-4949 ext. 203 or Email: wspcheck@sowa.org

Eastern Washington- Mail completed form to:

Special Olympics Washington

Attention: Marisue Harves

P.O.Box 1640

Richland, WA. 99352

Questions: Phone 509-946-5921 or Email: mharves@sowa.org

Region:	□ ER	□ кс	□ NW	⊠ SW	☐ Other	
Volunteer Typ		-Volunteer rtify-Volunteer	☐ New-Co	oach fy-Coach		
Team Name:_	lame: SOUND ATHLETICS					
Applicant: (Please print clearly)						
Name:	nst	F	irst		Middle	
Alias/Maiden Name(s):						
Date of Birth: Month/Day/Year			Sex: □Male [Female	Race:	
Social Security Number:						
Driver's License Number:					State Issued:	
Address:						
City:			State:		Zip	
Phone:		i i	Email:			
			Re	eceive background	results electronically	
Applicants Signature:					Date:	