Date Rec'd_____

Hamlin Robinson SCHOOL

10211-12th Ave S. tel. 206.763.1167
Seattle, WA 98168 fax 206.762.2419
www.hamlinrobinson.org

WASHINGTON STATE PATROL

Identification and Criminal History Section
PO Box 42633
Olympia WA 98504-2633
(360) 705-5100
http://www.wa.gov/wsp/wsphome.htm

REQUEST FOR CONVICTION CRIMINAL HISTORY RECORD (RCW 10.97)

INSTRUCTIONS: PLEASE COMPLETE THIS FORM WHEN REQUESTING CONVICTION CRIMINAL HISTORY RECORD INFORMATION FROM THE WASHINGTON STATE PATROL IDENTIFICATION AND CRIMINAL HISTORY SECTION.

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 type or print clearly)**

Applicant's Name: _____ (Last) _____ (First) _____ (Middle)

Alias/Maiden Name: _____

Date of Birth: _____ (Month/Day/Year) Sex: _____ Race: _____

Drivers Lic. Number/State _____/____

WSP USE ONLY