



## Request for Identification & Criminal History Check From 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 of non-identification can only be effected upon receipt of fingerprints. Subject may be advised of inquiry.

 Please print clearly or type the information requested below

Applicants' Name: \_\_\_\_\_  
Last First Middle

Alias/Maiden Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex \_\_\_\_\_ Race \_\_\_\_\_

Have you ever been convicted of a felony? Yes  No   
If yes explain \_\_\_\_\_

I attest that the above information is true and correct

Signature \_\_\_\_\_ Date \_\_\_\_\_

**For AACCW use only**  
This information has been requested by:

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Department of Background Subject: \_\_\_\_\_

Date: \_\_\_\_\_

**Note:** The results of this Identification and Crime History Check will only be released to the requestor of the Background Check at Aging & Adult Care of Central Washington.