

IDENTIFICATION AND CRIMINAL HISTORY SECTION
PO BOX 42633
OLYMPIA WA 98504-2633
(360) 534-2000



**CRIMINAL HISTORY RECORD REQUEST
- LAW ENFORCEMENT USE ONLY -**

USE THIS FORM WHEN REQUESTING CRIMINAL HISTORY RECORD INFORMATION FROM THE WASHINGTON STATE PATROL IDENTIFICATION AND CRIMINAL HISTORY SECTION.

Address to which the requested records should be sent:

Agency _____

Street Address _____

City _____ State _____ ZIP Code _____

Receive results electronically: Email address _____

Password _____ (must be at least 8 characters)

**MAIL YOUR REQUEST TO: WASHINGTON STATE PATROL
IDENTIFICATION SECTION
PO BOX 42633
OLYMPIA WA 98504-2633**

FOR OUR SEARCH PURPOSES, PLEASE PROVIDE AS MUCH INFORMATION AS POSSIBLE IN THE SPACE BELOW ("Name" and "Date of Birth" required):

WA STATE IDENTIFICATION NUMBER (SID) _____

NAME _____
Last First Middle

ALIAS/MAIDEN NAME _____

DOB _____ SEX _____ RACE _____ EYES _____ HAIR _____

SOCIAL SECURITY NUMBER (optional) _____

FBI NUMBER _____

NAME AND TITLE OF PERSON MAKING REQUEST _____

DATE _____

SIGNATURE OF ABOVE _____

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PHONE NUMBER _____