Department of Corrections
WASHINGTON STATE

REQUEST FOR CRIMINAL HISTORY RECORD INFORMATION
WASIS/NCIC III CHECK NCIC / WACIC CHECK

☐ Routine ☐ Urgent Date of Request: _____

Type of Request:
☐ Classification Update
☐ Intake
☐ PSI
☐ ESR / Risk
☐ OOS Investigation
☐ Release/ORP/Parole Investigation
☐ Visitor re: Offender _____
☐ Furlough Sponsor
☐ Update Field File
☐ Update Central File
☐ Wants and Warrants
☐ Volunteer
☐ Contract Employee
☐ Prospective Employee
☐ Firearms Requalification
☐ Vendor/Maintenance Worker
☐ Other _____

REQUIRED DATA:			
DOC Number	SID Number	FBI Number	Full Legal Name (Last, First, Middle)
Date of Birth	Sex	Race	

OTHER DATA:		
Maiden Name / Alias	Birthplace	
Maiden Name / Alias	Citizenship	
Maiden Name / Alias	Hair	Eyes
SSN	Height	Weight
Current Washington State Driver's License ☐ Yes ☐ No	License Number:	

Mail Stop:

Address of Submitting Office
(if no mail stop) _____

_____

☐ **INTAKE/FOS – CCO SUBMIT FINGERPRINT CARDS TO YOUR LOCAL RECORDS OFFICE.**

PERSON MAKING REQUEST:		
Name(Print)	Title	Date

_____ : _____
Date Initials

Check boxes for **Employment** and **Visitor** requests only.
Clear Criminal History ☐ Yes ☐ No
Clear Wants and Warrants ☐ Yes ☐ No

The contents of this document may be eligible for public disclosure. Social Security Numbers are considered confidential information and will be redacted in the event of such a request. This form is governed by Executive Order 00-03, RCW 42.56, and RCW 40.14.