



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

[ ] Routine [ ] Urgent Date of Request: \_\_\_\_\_

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

Mail Stop:

Address of Submitting Office (if no mail stop)

Current Washington State Driver's License [ ] Yes [ ] No License Number:

[ ] 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.