



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

Routine Urgent

Date: _____

Type of request:

- | | | |
|---|---|--|
| <input type="checkbox"/> Classification update | <input type="checkbox"/> Visitor re: incarcerated individual: | <input type="checkbox"/> Volunteer |
| <input type="checkbox"/> Intake | _____ | <input type="checkbox"/> Contract employee |
| <input type="checkbox"/> PSI | <input type="checkbox"/> Furlough sponsor | <input type="checkbox"/> Prospective employee |
| <input type="checkbox"/> ESR/Risk | <input type="checkbox"/> Update Field file | <input type="checkbox"/> Firearms requalification |
| <input type="checkbox"/> OOS investigation | <input type="checkbox"/> Update Central file | <input type="checkbox"/> Vendor/maintenance worker |
| <input type="checkbox"/> Release/ORP/parole investigation | <input type="checkbox"/> Wants and Warrants | <input type="checkbox"/> Other: _____ |

REQUIRED DATA

_____	_____	_____
Legal name (Last, First, Middle)	Date of birth	DOC number
_____	_____	_____
Sex Race	SID number	FBI number

OTHER DATA

_____	_____
Maiden name/alias	Birthplace
_____	_____
Maiden name/alias	Citizenship
_____	_____
Maiden name/alias	Hair Eyes
_____	_____
SSN	Height Weight
_____	_____
Current Washington State Driver license <input type="checkbox"/> Yes <input type="checkbox"/> No	License number: _____

Mail stop: _____

Address of submitting office (if no mail stop) _____

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

REQUESTER

_____	_____
Name	Signature
_____	_____
Title	Date
_____	_____
	_____ : _____ Date Initials

Employment and Visitor requests only:

- | | |
|--|--|
| Clear Criminal History (NCIC/WACIC) <input type="checkbox"/> Yes <input type="checkbox"/> No | Clear Criminal History (JABS) <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Clear Wants and Warrants <input type="checkbox"/> Yes <input type="checkbox"/> No | Clear Statewide Visit System <input type="checkbox"/> Yes <input type="checkbox"/> 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 16-01, RCW 42.56, and RCW 40.14.

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