STATE OF WASHINGTON
DEPARTMENT OF CHILDREN, YOUTH AND FAMILIES (DCYF)
BACKGROUND CHECK UNIT
(360) 407-5500

Applicant Request for a Copy of Background Check Results

I am requesting a copy of my most recent background check completed by the Department of Children, Youth, and Families.

REQUIRED: APPLICANT'S FULL NAME (FIRST, MIDDLE, LAST)	
REQUIRED: DATE OF BIRTH (MM/DD/YYYY)	WA DRIVERS LICENSE OR ID NUMBER
REQUIRED: APPLICANT'S MAILING ADDRESS APT. NO.	CITY STATE ZIP CODE
APPLICANT'S EMAIL ADDRESS	**REQUIRED:** APPLICANT'S PHONE NUMBER (INCLUDE AREA CODE)

I understand the DCYF Background Check Unit will provide me with the most recent background check result completed by Children's Administration that may contain information reported by the Washington State Patrol, Washington State Courts, Federal Bureau of Investigation, Department of Corrections, Department of Social and Health Services, Department of Health, out-of-state courts and self-disclosures.

REQUIRED: SIGNATURE (NO ELECTRONIC SIGNATURES ARE ACCEPTED. MUST BE SIGNED BY APPLICANT.)	**REQUIRED:** DATE (MM/DD/YYYY)

Send your completed and signed Applicant Request for a Copy of Background Check Results to the Children's Administration Background Check Unit at:

FAX: (360) 407-5577

MAIL: PO Box 45718, Olympia, WA 98504-4718

EMAIL: cabc@dcyf.wa.gov

The Department of Children, Youth, and Families (DCYF) Background Check Unit will review your request and contact you with any questions. DCYF can only send documents to the applicant. It is up to the applicant to share their background check results with any other persons.