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|  | | **Request for Early Learning**  **Background Check Results** | | | |
| Individuals who received a portable background check (PBC) clearance issued by the Department of Children, Youth and Families (DCYF) consistent with [RCW 43.216.270](https://app.leg.wa.gov/rcw/default.aspx?cite=43.216.270) may request a true and accurate copy of their background check results. | | | | | |
| Email, fax, or mail this request to: DCYF BACKGROUND CHECK UNIT (Early Learning)  P.O. Box 40993  Olympia, WA 98504-0971  Fax: (360) 407-5577  [Dcyf.backgroundcheck@dcyf.wa.gov](mailto:Dcyf.backgroundcheck@dcyf.wa.gov) | | | | | |
| **Requesting individual must provide all of the information below:** | | | | | |
| DATE | DATE OF BIRTH (MM/DD/YYYY) | | | STARS ID NUMBER | |
| FULL NAME | | | | | |
| Full name when you submitted DCYF background check application:    Same as current | | | | | |
| EMAIL ADDRESS | PHONE NUMBER | | | PURPOSE OF REQUEST:  OSPI\*  Self | |
| If the purpose of your request is for **Self,** please indicate if you would like your results emailed or mailed to you.  Emailed, to:  Mailed, to: | | | | | |
| Current Mailing Address:  Street | City | | State | | Zip Code |
| Previous mailing address when you submitted DCYF background check application: | | | | | |
| Street    Same as current | City | | State | | Zip Code |

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| --- | --- |
| ***\*The requested documents must be mailed.\****  ***DCYF STAFF USE ONLY*** | |
| **Date WSP and FBI Background Checks Completed: \_\_\_\_\_\_\_\_\_\_\_**  In-state (WSP) **and** fingerprint (FBI) background checks were completed, and there was no reported background check history for this individual.  Completed in-state (WSP) background check and a copy of history was provided to individual.  Completed in-state (WSP) background check and there was no reported background check history for this individual.  Completed fingerprint (FBI) background check and a copy of history was provided to individual.  Completed fingerprint (FBI) background check and there was no reported background check history for this individual. | Name of staff fulfilling request    Date sent: |