

## Request for Early Learning Background Check Results

 Individuals who hold a valid portable background check (PBC) clearance issued by the Department of Children, Youth and Families (DCYF) consistent with <u>RCW 43.216.215</u> may request a true and accurate copy of their Washington State Patrol (WSP) and Federal Bureau of Investigation (FBI) background report results.

Mail this request to:

DCYF BACKGROUND CHECK UNIT P.O. Box 40993, Olympia, WA 98504-0971 or

Olympia, WA 98504-0971 or Fax to (360) 407-5577

• A copy of your non-expired government issued ID must accompany this request. (Ex. State Driver's license, State issued ID card, military ID, passport)

Complete all the information below:

Complete all the information below.						
DATE OF BIRTH (MM/DD/YYYY)	STARS#	Phone Number:				
PRINT YOUR COMPLETE CURRENT NAME(S)						
Print your name(s) used when you submitted the background check application to DCYF.  Write <u>SAME</u> if this is the same as your current name.						
CITY	STATE	ZIP				
Previous Address – The address where you lived when you submitted the DCYF background check application. Write <b>SAME</b> if this address is the same as your mailing address.  STREET CITY STATE ZIP						
I am the person identified above. I am requesting a copy of my most recent background check results including copies of any rap sheets from WSP and FBI.  Requestor's Signature:						
ature.						
he requested documents must be ma	iled to the mailing ad	dress listed above.**				
	USED TO THE ADDRESS WHERE YOU IN THE SAME AS YOUR CURRENT NAME(S)  CITY  The address where you lived when you as is the same as your mailing address.  CITY  CITY  The address where you lived when you are is the same as your mailing address.  CITY	IPLETE CURRENT NAME(S)  used when you submitted the background check application to is the same as your current name.  CITY STATE  The address where you lived when you submitted the DCYF I as is the same as your mailing address.  CITY STATE  Intified above. I am requesting a copy of my most recent backg	IPLETE CURRENT NAME(S)  used when you submitted the background check application to DCYF. is the same as your current name.  CITY STATE ZIP  The address where you lived when you submitted the DCYF background check application. Write as is the same as your mailing address.  CITY STATE ZIP  Intified above. I am requesting a copy of my most recent background check results including copies			

☐ Completed the V	NSP/FBI check	Date	Name of DCYF staff member fulfilling this
☐ Completed only	the WSP check	Date	request
☐ Was there a pre	vious FBI Check	Date	
☐ There were no ra	ap sheets for this in	ıdividual	
☐ A copy of the WSP rap sheet was provided			Signature of DCYF staff member fulfilling this
☐ A copy of the FBI rap sheet was provided			request
☐ Copies mailed to the applicant			
Date request	Instructions:		
completed:	<ul> <li>Make two copies of the requested documents including this form</li> <li>Place one set of documents in sealed envelope</li> </ul>		

Keep original and copies of documents sent with this form in DEL file

Mail both sets to applicant as indicated above