



**Department of  
Children, Youth, and  
Families**

**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 RCW 43.216.215 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 the DCYF background check unit at P.O. Box 40971, Olympia, WA 98504-0971 or Fax to (360) 586-0052.

**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:

DATE:	DATE OF BIRTH (MM/DD/YYYY)	STARS #	Phone Number:
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PRINT YOUR COMPLETE CURRENT NAME(S)

Print your name(s) used when you submitted the background check application to DCYF.  
Write **SAME** if this is the same as your current name.

Mailing Address:

<b>STREET</b>	<b>CITY</b>	<b>STATE</b>	<b>ZIP</b>
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Previous Address – The address where you lived when you submitted the DCYF background check application. Write **SAME** if this address is the same as your mailing address.

<b>STREET</b>	<b>CITY</b>	<b>STATE</b>	<b>ZIP</b>
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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:**

**The requested documents will be mailed to the mailing address listed above.**

**To be completed by DCYF staff**

<input type="checkbox"/> Completed the WSP/FBI check Date _____ <input type="checkbox"/> Completed only the WSP check Date _____ <input type="checkbox"/> Was there a previous FBI Check Date _____ <input type="checkbox"/> There were no rap sheets for this individual <input type="checkbox"/> A copy of the WSP rap sheet was provided <input type="checkbox"/> A copy of the FBI rap sheet was provided <input type="checkbox"/> Copies mailed to the applicant	<b>Name of DCYF staff member fulfilling this request</b>  <b>Signature of DCYF staff member fulfilling this request</b>
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**Date request completed:**

Instructions:

- Make two copies of the requested documents including this form
- Place one set of documents in sealed envelope
- Mail both sets to applicant as indicated above
- Keep original and copies of documents sent with this form in DEL file