REQUEST FOR BACKGROUND CHECK RESULTS

Individuals who hold a valid portable background check (PBC) clearance issued by the Department of Early Learning (DEL) consistent with RCW 43.215.215 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 DEL background check unit at P.O. Box 40971, Olympia, WA 98504 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:

<table>
<thead>
<tr>
<th>DATE:</th>
<th>DATE OF BIRTH (MM/DD/YYYY)</th>
<th>STARS #</th>
<th>Phone Number:</th>
</tr>
</thead>
</table>

PRINT YOUR COMPLETE CURRENT NAME(S)

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

Mailing Address:

<table>
<thead>
<tr>
<th>STREET</th>
<th>CITY</th>
<th>STATE</th>
<th>ZIP</th>
</tr>
</thead>
</table>

Previous Address – The address where you lived when you submitted the DEL background check application. Write SAME if this address is the same as your mailing address.

<table>
<thead>
<tr>
<th>STREET</th>
<th>CITY</th>
<th>STATE</th>
<th>ZIP</th>
</tr>
</thead>
</table>

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 DEL staff

- [ ] Completed the WSP/FBI check Date ___________
- [ ] Completed only the WSP check Date ___________
- [ ] Was there a previous FBI Check Date ___________
- [ ] There were no rap sheets for this individual
- [ ] A copy of the WSP rap sheet was provided
- [ ] A copy of the FBI rap sheet was provided
- [ ] Copies mailed to the applicant

Name of DEL staff member fulfilling this request: __________________________

Signature of DEL staff member fulfilling this request: __________________________

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

10.9.2.19 Request for Background Check Results
2.2017