

Washington State Patrol

Request for Criminal History Child/Adult Information Act RCW 43.43.830-845

Form can be mailed or emailed to the addresses below.

Western Washington- Mail completed form to:

Special Olympics Washington Attention: Background Check 1809 7th Ave Suite 1509 Seattle, WA. 98101

Questions: Phone 206-362-4949 or Email: kvining@sowa.org

Region:	ER	□ NW □ S	SW ☐ Other
Volunteer Type:	☐ New-Volunteer ☐ Recertify-Volunteer	☐ New-Coach ☐ Recertify-Coac	☐ New-Unified Partnerh ☐ Recertify-Unified Partner
Геат Name:			
Applicant: (Please	print clearly)		
Name:		First	Middle
	e(s):	7,100	
Date of Birth:	Month/Day/Year	Sex: Male Fema	le Race:
Social Security Nu			
Driver's License Number:			State Issued:
Address:			
City:		State:	Zip
Dhana:		Email:	
Phone:			