## **Independent Church League**

430 Warrior St SE Olympia, Washington 98503

## REQUEST FOR CRIMINAL HISTORY INFORMATION CHILD/ADULT ABUSE INFORMATION ACT RCW 43.43.830 THROUGH 43.43.845

(Instructions on Reverse Side)

<b>A</b> )	REQUESTING AGENCY/ADDRESS Independent Church League	
	ATTN: Rhonda Tevis	
	430 Warrior St. SE	
	Olympia, Washington 98503	
	I certify this request is made pursuant to and for the purpose indicated.  Authorized Signature Date  ICL Secretary  Title	
Last	First	Middle
	Sex:	Race:
	1.5	
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## INSTRUCTIONS Please type or print clearly in ink

**SECTION A:** Please type, stamp, or clearly print the address to which our response is to be mailed, and sign.

**SECTION B:** Check appropriate box indicating purpose of request.

Child/Adult Abuse Information: Response limited to convictions of crimes against children or other persons, dependency proceedings, abuse of vulnerable adults, and DOL disciplinary board final decisions and any subsequent criminal charges associated with the conduct that is the subject of the disciplinary board final decision. The business or organization shall use this record only in making the initial employment or engagement decision. Further dissemination or use of the record is prohibited. A

business or organization violating this subjection is subject to a civil action for damages.

SECTION C: For our search purposes, please provide as much information as possible. Name and date of birth

are mandatory.

**SECTION D:** Please type or clearly print Business/Organization requesting information, name and address of

applicant of inquiry. A legible inked right thumb print is optional; however, if submitted, it will be used for

positive verification. This portion will be returned to the applicant by the requesting agency.

FEES: Make payable to Washington State Patrol by cashier's check, money order, or commercial

business account. Personal/certified checks will not be accepted.

ADDITIONAL INFORMATION: If submitting an applicant fingerprint card, this form is not required.

PLEASE MAIL ENTIRE COMPLETED FORM TO: Rhonda Tevis

**Independent Church League** 

430 Warrior St. SE Olympia, WA 98503

FOR FURTHER INFORMATION, CONTACT THE WASHINGTON STATE PATROL AT (360) 705-5100.

This lower portion sent by Requesting Agency to the Applicant

This identification certificate is the result of a request for criminal conviction record information from the Washington State Patrol Identification and Criminal History Section on a prospective applicant by a business or organization. Pursuant to the Child/Adult Abuse Information Act, RCW 43.43.830 through 43.43.845, if the conviction record, disciplinary board final decision, or civil adjudication record shows no evidence of a crime against children or other persons, an identification declaring the showing of no evidence shall be issued to the applicant.