



Walla Walla Public Schools

Developing Washington's Most Sought-After Graduates

364 S. Park Street
Walla Walla, WA 99362
(509) 527-3000
www.wwps.org

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

<p>A REQUESTING AGENCY/ADDRESS</p> <p>Walla Walla Public Schools Agency Nora Badillo Attn 364 South Park Address Walla Walla, Washington 99362 City / State / Zip</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>I certify this request is made pursuant to and for the purpose indicated.</p> <p><i>Nora Badillo</i> _____ 08/22/2022 Authorized Signature Date</p> <p>Human Resources Secretary/Receptionist (509) 526-6742 Title Area Code/Phone Number</p> </div>	<p>B PURPOSE</p> <p><input checked="" type="checkbox"/> Educational school District (ESD)/School District Volunteer – no fee</p> <p><input type="checkbox"/> Non-Profit Business/Organization-no fee (Excluding schools & ESD's)</p> <p><input type="checkbox"/> Profit Business/Organization - \$17</p> <p><input type="checkbox"/> Adoptive Parent - \$17</p> <p><input type="checkbox"/> Receive background results electronically Email address _____</p> <p>Password _____ (must be at least 8 characters)</p> <p>Fees: Make payable to Washington State Patrol by check, money order, or business account. Notary letters certifying the results are available upon request. There is an additional \$10.00 processing fee per notary seal.</p> <p style="text-align: right;">_____ Notarized Letter(s)</p>
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C APPLICANT OF INQUIRY (Please provide as much information as possible; name and date of birth are mandatory)

Applicant's Name: _____
Last First Middle

Alias/Maiden Name(s): _____

Date of Birth: _____ Sex: _____ Race: _____
Month / Day / Year

Secondary dissemination of this criminal history record information response is prohibited unless in compliance with statute.

D WASHINGTON STATE PATROL IDENTIFICATION & CRIMINAL HISTORY SECTION

As of this date, the applicant named below has no record pursuant to RCW 43.43.830 through 43.43.845.

Walla Walla Public Schools
Requesting Agency

Applicant's Signature _____

Applicant's Name _____

Email Address _____

Address _____

City / State / Zip _____

Revised 8/2022