

**INSTRUCTIONS:** Fill out **C & D** / then sign & date the back



### WASHINGTON STATE PATROL

Identification and Criminal History Section  
PO Box 42633, Olympia WA 98504-2633



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

<p><b>(A) REQUESTING AGENCY/ADDRESS</b></p> <p><u>Anacortes Lutheran Church</u> Agency</p> <p><u>Church Administrator</u> Attn</p> <p><u>2100 "O" Avenue</u> Address</p> <p><u>Anacortes, Washington 98221</u> 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>_____ Date</p> <p>Authorized Signature</p> <p>_____</p> <p>Church Administrator ( 360 ) 293-9586 Title Area Code/Phone Number</p> </div>	<p><b>(B) PURPOSE</b> Check appropriate box</p> <p><input type="checkbox"/> Educational School District (ESD)/School District Volunteer – no fee</p> <p><input checked="" type="checkbox"/> Non-Profit Business/Organization – no fee (Excluding Schools &amp; ESD's)</p> <p><input type="checkbox"/> Profit Business/Organization - \$17</p> <p><input type="checkbox"/> Adoptive Parent - \$17</p> <p><input checked="" type="checkbox"/> Receive background results electronically</p> <p>Email address <u>info@anacorteslutheran.org</u></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.</p> <p><b>Notary letters certifying the results are available upon request. There is an additional \$10.00 processing fee per notary seal.</b></p> <p>_____ 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.

Anacortes Lutheran Church  
Requesting Agency

\_\_\_\_\_ Applicant's Signature

\_\_\_\_\_ Applicant's Name

\_\_\_\_\_ Address

\_\_\_\_\_ City/State/Zip



Dear Volunteers,

Thank you for your willingness to share in the joyous work of service to the young people of our church community. Strong volunteers are a key component to the success of our Pre-School, Sunday School, and all youth ministries.

The goal of Anacortes Lutheran is to provide a safe environment where all youth and families can worship, learn and serve together. To that end our church requires each volunteer to have a Washington State Patrol background check on file in the church office. All records are kept strictly confidential. If you have any questions regarding this policy, please share your concerns with me.

Thank you for helping us create and maintain a safe and loving environment.

Grace and Peace,

Pastor Scott Peterson

I give Anacortes Lutheran Church permission to perform a WA State Patrol background check on myself.

Signature \_\_\_\_\_ Date \_\_\_\_\_