



REQUEST FOR DISCLOSURE OF RECORDS

A public disclosure request is the request for a specific and identifiable document. Please clearly describe the actual document you require. Documents responsive to a public disclosure request will not be mailed until all applicable disclosure fees are paid.

Date of Request: _____

Name: _____

Address: _____

- I request to inspect my central file.
- This request has been previously submitted or is currently with the Department.

Date of Original Request: _____

Original Request Submitted To: (Name/Address) _____

- I request copies of the following public records. If requesting offender records, include offender name and DOC number.

Requester Signature

Date

Please submit this request to the Public Records Office at P.O. Box 41118, Olympia, WA 98504

DOC STAFF - FILL OUT BELOW

Person Receiving Request: _____ Date: _____

PDC (or designated person responding to request): _____ Date: _____

Response Sent: _____ Date: _____

Further Response(s) _____ Date: _____

_____ Date: _____

_____ Date: _____

_____ Date: _____

The contents of this document may be eligible for public disclosure. Social Security Numbers are considered confidential information and will be redacted in the event of such a request. This form is governed by Executive Order 00-03, RCW 42.56, and RCW 40.14.