**REQUEST FOR CRIMINAL HISTORY RECORD INFORMATION**

**WASIS/NCIC III CHECK NCIC/WACIC CHECK**

Routine  Urgent Date:

**Type of request:**

Classification update  Visitor re: incarcerated individual  Volunteer

Intake        Contract employee

PSI  Furlough sponsor  Prospective employee

ESR/Risk  Update Field file  Firearms requalification

OOS investigation  Update Central file  Vendor/maintenance worker

Release/ORP/parole investigation  Wants and Warrants  Other:

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| --- |
| **REQUIRED DATA** |

     

Legal name (Last, First, Middle) Date of birth DOC number

                 

Sex at birth Race SID number FBI number

|  |
| --- |
| **OTHER DATA** |

Maiden name/alias Birthplace

Maiden name/alias Citizenship

Maiden name/alias Hair Eyes

SSN Height Weight

Current Washington State Driver license  Yes  No License number:

If driver’s license is issued from another state, list which state:

**Mail stop:**

**Address of submitting office** (if no mail stop)

**INTAKE/FOS - CASE MANAGER SUBMIT FINGERPRINT CARDS TO YOUR LOCAL RECORDS OFFICE**

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| --- |
| **REQUESTER** |

      

Name Signature

Title Date

      :

Date Initials

**Employment** and **Visitor** requests only:

Clear Criminal History (NCIC/WACIC)  Yes  No Clear Criminal History (JABS)  Yes  No

Clear Wants and Warrants  Yes  No Clear Statewide Visit System  Yes  No

**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 16-01, RCW 42.56, and RCW 40.14.**

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