



FACILITY GUEST ACCESS

Date of request _____

Requester _____ Purpose of visit/tour _____

Phone number of requestor _____ Area(s) requested to visit/tour _____ Date of visit/tour _____

Employee/contract staff contact _____ Contact phone _____ Time of visit _____

Special equipment, if applicable: _____

Department employees/contract staff and law enforcement do not require a background check or date of birth. Form may be returned if required information is not complete.

Name of Visitor(s) (Last, First, Middle Initial)	Last 4 digits of SSN	Date of Birth	Employee, contract staff or law enforcement?	Results of NCIC/WACIC

Background check conducted by: _____ Date: _____

Assigned office/facility escort(s): _____

If exception request is needed, please explain: _____

Comments: _____

Approved Denied _____
Superintendent/CCS/designee Signature Date

Request distributed by: _____ Date: _____ Time: _____

Received in Control by: _____ Date: _____ Time: _____

The contents of this document may be eligible for public disclosure. Social Security Numbers are considered confidential information and will be redacted out in the event of such a request. This form is governed by Executive Order 16-01, RCW 42.56, and RCW 40.14.

Distribution: **ORIGINAL** - Control **COPY** - Public access, Area supervisor/manager, Employee contact