

**VOLUNTEER &/OR RESIDENT FORM – Kiwanis Camp Casey**

**WASHINGTON STATE PATROL**  
Identification and Background Check Section  
PO Box 42633  
Olympia WA 98504-2633  
(360) 534-2000  
<http://watch.wsp.wa.gov>



**REQUEST FOR CONVICTION CRIMINAL HISTORY RECORD (RCW 10.97)**

NOTE: The requested record information is furnished solely on the basis of name and/or description similarity with the subject of your inquiry. Positive identification or non-identification can only be effected upon receipt of fingerprints. Applicant may be advised of inquiry.

**SUBJECT INFORMATION: (Please type or print clearly)**

Applicant's Name \_\_\_\_\_  
Last First Middle

Alias/Maiden Name/Other Names Used \_\_\_\_\_

Date of Birth \_\_\_\_\_  
Month/Day/Year

**REQUESTOR INFORMATION: (Please type or print clearly)**

Name North Central Kiwanis Memorial Fund - aka Kiwanis Camp Casey

Address PO Box 31033

Seattle, WA 98103-1033  
City State ZIP Code

Contact Phone Number \_\_\_\_\_

**How would you like to receive your results? (Please select only one)**

☐ Mailed (It may take 7 to 14 business days for response, when mailed.)

☒ WSP Portal\*

Portal Account # \_\_\_\_\_

Portal Username \_\_\_\_\_

\*For results to be sent through WSP Portal requestor must have pre-existing WSP Portal account.  
To inquire on establishing an account contact us at [CRDapplicantfollowup@wsp.wa.gov](mailto:CRDapplicantfollowup@wsp.wa.gov)