

# Washington State Patrol Criminal Background Check

The University of Washington Tacoma Campus Safety & Security Department shall use this record only for the purpose for processing the individual request for the exception to [WAC 478-120-020\(3\)\(f\)](#). Further dissemination of the record outside the review process is prohibited without written permission from the applicant (see Criminal History Information Supplement).

## Instructions

- You must complete all items in this section.** Type or print clearly in ink.
- You must attached copies of your current valid concealed pistol permit and current valid state driver's license.**

<b>APPLICANT OF INQUIRY</b>			
Applicant's Name: _____			
Last	First	Middle	
Alias/Maiden Name: _____			
Date of Birth: _____		Drivers Lic Number/State: _____	
Secondary dissemination of this criminal history record information response is prohibited unless in compliance with RCW 10.97.050			
_____ Signature			

**I declare that the above information is true and accurate. I grant the University of Washington Campus Safety & Security Department permission to conduct a criminal history background check using the above information. I understand that consideration for my request for exception to WAC 478-124-023(3)(f) is contingent upon the accuracy of the above information and my following all laws and all policies and procedures established by the University Of Washington Tacoma.**

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

UWTCSSD Use Only				
Written Request Completed	Background check Completed/ Findings	Review with Chancellor	Approved/Denied	Comment

# Criminal History Information Supplement-

Self Disclosure Form and Authorization for Criminal Background Checks and Dissemination of Results

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## Criminal History Information Supplement

Name: \_\_\_\_\_  
(Print) Last First MI

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Have you been arrested or criminally cited?

Yes If yes, specify \_\_\_\_\_  
No \_\_\_\_\_  
\_\_\_\_\_

Have you ever been convicted of any crime against children or other persons?

Yes If yes, specify \_\_\_\_\_  
No \_\_\_\_\_  
\_\_\_\_\_

RCW 43.43.830 (5) "Crime against children or other persons" means a conviction of any of the following offenses: Aggravated murder; first or second degree murder; first or second degree kidnapping; first, second or third degree assault; first, second or third degree assault of a child; first, second or third degree rape; first, second or third degree rape of a child; first or second degree robbery; first degree arson; first degree burglary; first or second degree manslaughter; first or second degree extortion; indecent liberties; incest; vehicular homicide; first degree promoting prostitution; communication with a minor; unlawful imprisonment; simple assault; sexual exploitation of minors; first or second degree criminal mistreatment; child abuse or neglect as defined RCW 26.44.020; first or second degree custodial interference; malicious harassment; first, second or third degree child molestation; first or second degree sexual misconduct with a minor; first or second degree rape of a child; patronizing a juvenile prostitute; child abandonment; promoting pornography; selling or distributing erotic material to a minor; custodial assault; violation of child abuse restraining order; child buying or selling; prostitution; felony indecent exposure; criminal abandonment; or any other crimes as they may be renamed in the future."

I certify, under the penalty of perjury, that the statements above are true and correct.

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

**Certification Concerning Criminal History outside the State of Washington**

I certify, under the penalty of perjury that I have not been convicted of any of the above-listed crimes or had findings against me concerning the above listed proceedings outside the State of Washington.

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

If you cannot so certify, please specify why not: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Authorization for Criminal Background Checks and Dissemination of Results**

I authorize background checks and dissemination of myself-disclosure information, background check results, and conviction records whether in or outside the state of Washington, as deemed necessary by the University of Washington Tacoma Campus Safety & Security Department. I understand that the University of Washington will provide the records listed above only with the condition that the receiving party or parties will be notified by the University that they may not disclose the information to other parties, in a personally-identifiable form, without my further consent, unless the other parties are otherwise eligible under federal or state law to receive the records. I further understand that any statements that I have placed in my records commenting on contested information contained in the records listed above will be released along with the records to which they relate.

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

**Dissemination of Self-Disclosure Information, Background Check Results, and Conviction Records**

These records are provided to you pursuant to the above release signed by \_\_\_\_\_ (student) with the understanding and on condition that, you not release these records to any other person or institution or entity without the further consent of \_\_\_\_\_ (student).

**Please send in this form with your signature to:**

**University of Washington Tacoma Campus Safety & Security Department**  
**1900 Commerce Street, Tacoma WA 98402**  
Or through campus mail to **Box 358452**  
Or drop off at our office Dougan Building 180  
Or via fax at **253-692-4635**