

Grand Coulee Dam School District

**REQUEST FOR CRIMINAL HISTORY INFORMATION CHILD/ADULT ABUSE INFORMATION ACT
RCW 43.43.830 THROUGH 43.43.845**

Criminal Background Check for the Purpose of Educational School District Employee/Volunteer

Please return completed and signed form to:

Authorized Signature
Mary Schilling
HR Coordinator

MAIL:
Grand Coulee Dam School District
110 Stevens Ave
Coulee Dam, WA 99116

Applicant of Inquiry

Name: _____
Alias/Maiden: _____
Date of Birth: _____
Sex: _____
Race: _____
Social Security Number: _____
Driver's License Number: _____

Please Provide as much information as possible; Full Name and DOB are mandatory

Please disclose any convictions or findings as pursuant to RCW 43.43.834 and sign below

Signature: _____ **Date:** _____