As a visitor to the YWCA’s Women’s Shelter, I agree to maintain confidentiality about anything or anyone I see here.

I will not film or photograph anything or anyone I observe today.

I will act with dignity and respect, understanding that the YWCA Women’s Shelter is the home of the people who live there.

Print name _______________________________________ Date________________

Signature __________________________________________
REQUEST FOR CONVICTION CRIMINAL HISTORY RECORD (RCW 10.97)

INSTRUCTIONS: PLEASE COMPLETE THIS FORM WHEN REQUESTING CONVICTION CRIMINAL HISTORY RECORD INFORMATION BASED ON NAME AND DATE OF BIRTH. MAIL REQUEST TO ADDRESS NOTED ABOVE WITH $17.00 CHECK OR MONEY ORDER. FOR REQUEST BASED ON FINGERPRINTS, MAIL A COMPLETED FINGERPRINT CARD AND FEE OF $26.00. YOU MAY ALSO COME TO OUR OFFICE AT 3000 PACIFIC AVENUE, OLYMPIA, WA. NOTE: IT MAY TAKE 7 TO 14 BUSINESS DAYS FOR RESPONSE WHEN MAILED. FOR AN IMMEDIATE RESPONSE, ACCESS OUR WEB SITE LISTED ABOVE TO CONDUCT YOUR CRIMINAL HISTORY REQUEST BY NAME AND DATE OF BIRTH FOR $10.00 USING A CREDIT CARD.

NOTARIZED LETTERS ARE AN ADDITIONAL $10.00 PER NOTARY SEAL

___ Notarized Letter(s)

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.

A

SUBJECT INFORMATION: (Please type or print clearly)

Applicant's Name: ___________________________ Last First Middle

Alias/Maiden Name: ___________________________

Date of Birth: ___________________________ Sex: __________ Race: __________

Month/Day/Year

B

REQUESTOR INFORMATION: (Please type or print clearly)

DATE: ___/___/___ Holly Delibertis, Financial Controller

Mo. Day Yr. (print) Name/Title of Requestor

Requestor's Signature

Provide e-mail to receive background results electronically. Phone No. (509) 525-2570

hdelibertis@ywcaww.org E-mail address

Password (must be at least 8 characters)

REQUESTOR'S ADDRESS: (type or print clearly)

YWCA of Walla Walla

Name

213 S. 1st Avenue

Address

Wala Walla WA 99362

City State ZIP Code

Subject's Right Thumb Print (Optional)