**Request for Background Check Results**

**This process is for those that have already completed an OSPI fingerprint background check with current results on file.**

**All fields marked with \* must be completed.**

| **\***Calendar Date: Click or tap here to enter text. |
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| \*Time of Day: Click or tap here to enter text. |
| Approximate date fingerprints submitted/completed:  Click or tap here to enter text. |
| **\***Name: (Last, First)  Click or tap here to enter text. |
| Private/Personal Email Address: (If a private email is not provided, the results will be mailed to the address provided).  Click or tap here to enter text. |
| **\***Mailing Address:  Click or tap here to enter text. |
| \*City, State, Zip:  Click or tap here to enter text. |
| **\***Date of Birth:  Click or tap here to enter text. |
| Social Security Number:  Click or tap here to enter text. |
| **\***Height / Weight:  Click or tap here to enter text. |
| **\***Nature of Request:  Click or tap here to enter text. |
| **I WOULD LIKE THE BACKGROUND CHECK INFORMATION SENT BY**: (only one box can be checked. If no boxes are checked, the fingerprint office will mail the background check information to the address provided.)  **MAIL** to the address listed above  **EMAIL** to the address listed above  **NOTE: Results cannot be mailed or emailed to the applicant’s place of employment or college/university.** |
| I am the person identified above. I am requesting a copy of my most recent background check results, including copies of any criminal history rap sheets from the Washington State Patrol and Federal Bureau of Investigations: |
| **\*Required: Signature** (No electronic signatures are accepted. Must be signed by the applicant): |

**Send your completed and signed Request for Background Check Results to:**

Mail:Fingerprint Records, OSPI, PO Box 47200, Olympia, WA 98504

FAX: 360-725-6250

Email: oppfp@k12.wa.us