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**SUPPORT, ADVOCACY & RESOURCE CENTER  
REQUEST FOR HISTORY & FOUNDED FINDINGS of  
CHILD/ADULT ABUSE & NEGLECT**

Information Request Release form for:  
Support, Advocacy & Resource Center  
830 N. Columbia Center Blvd., Suite H  
Kennewick, WA 99336  
509/374-5391

APPLICANT OF INQUIRY

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

Alias/Maiden Name \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_ Race: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Driver's License #/State: \_\_\_\_\_

Last place of residence in WA State (or current WA address): \_\_\_\_\_

**CRIMES AGAINST PERSONS:**

Murder; Kidnapping; Assault; Assault of a child: Custodial assault; Harassment; Stalking; Reckless endangerment; Coercion; Rape; Rape of a child; Robbery; First degree arson; First degree burglary; Residential burglary; Manslaughter; Extortion; Indecent liberties; Incest; Vehicular homicide; Vehicular assault; Promoting prostitution; Communication with a minor for unlawful purposes; Unlawful imprisonment; Sexual exploitation of minors; Criminal mistreatment; Child abuse or neglect as defined in **RCW 26.44.020**; Custodial interference; Child molestation; Sexual misconduct with a minor; Patronizing a juvenile prostitute; Child abandonment; Promoting pornography; Selling or distributing erotic material to a minor; Violation of child abuse restraining order; Child buying or selling; Prostitution; Felony indecent exposure; etc.

*I am waiving my right to confidentiality of information about child abuse and neglect (CA/N) history, including any founded findings of abuse or neglect, and authorizing its release to: Support, Advocacy & Resource Center (SARC).*

*I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.*

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

----- **APPLICANT: DO NOT WRITE BELOW THIS LINE** -----

*I certify this request is made for the purpose of obtaining information that will be used only for making the decision to hire or allow the applicant to act as a Support Advocacy & Resource Center volunteer, and for no other purpose. If the information supplied is insufficient to confirm applicant's identity, applicant will be supplied another release form for a more detailed records check.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
(name, title of organization rep.)