



## Applicant Request for a Copy of Background Check Information

Complete Section A **and** Section B to request a copy of your Background Check Information.

### Section A

<b>REQUIRED:</b> APPLICANT'S FULL NAME (FIRST, MIDDLE, LAST)				
<b>REQUIRED:</b> DATE OF BIRTH (MM/DD/YYYY)		WA DRIVERS LICENSE OR ID NUMBER		
<b>REQUIRED:</b> APPLICANT'S MAILING ADDRESS	APT. NO.	CITY	STATE	ZIP CODE
APPLICANT'S EMAIL ADDRESS		<b>REQUIRED:</b> APPLICANT'S PHONE NUMBER (INCLUDE AREA CODE)		

### Section B

**I AM REQUESTING A COPY OF MY:** (At least one box must be checked.)

Additional Information Needed Packet for Inquiry ID/OCA Number: \_\_\_\_\_

Last background check processed.

Final Fingerprint based background check result.

A specific background check for the following:

- BCCU Inquiry ID (OCA) Number: \_\_\_\_\_
- Facility Name this background check was requested by: \_\_\_\_\_

**I WOULD LIKE THE ABOVE BACKGROUND CHECK INFORMATION SENT BY:** (ONLY one box can be checked. If no boxes are checked, BCCU will mail background check information. If email is checked, BCCU will send a validation email prior to sending background check information to confirmed email address. If no confirmation response is received after two business days, BCCU will mail background check information.)

**MAIL** to the address listed above.

**EMAIL** to the email address listed above. (Email address validation required prior to information being emailed.)

**NOTE: Results CANNOT be mailed or emailed to the applicant's place of employment.**

I understand the BCCU will provide me with all background information contained in its files that can be released under the law. I also understand the information provided to me may include one or more of the following documents: BCCU result notification, Background Check Authorization form; thumbprint results; Federal Bureau of Investigation results; other courts or agency documents received by BCCU; applicant affidavits; or Washington State Patrol results.

<b>REQUIRED:</b> SIGNATURE (NO ELECTRONIC SIGNATURES ARE ACCEPTED. MUST BE SIGNED BY APPLICANT.)	<b>REQUIRED:</b> DATE SIGNED (MM/DD/YYYY)
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**Send your completed and signed Applicant Request for a Copy of Background Check Information to BCCU:**

- FAX:** (360) 902-0292
- MAIL:** PO Box 45025, Olympia, WA 98504-5025
- EMAIL:** [BCCUINQUIRY@dshs.wa.gov](mailto:BCCUINQUIRY@dshs.wa.gov)

**BCCU will review your request and contact the applicant if they have any questions.** BCCU can only send documents to the applicant. It is the applicant's decision if they want to share background check information with any current or prospective employer.