



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

REQUIRED: APPLICANT'S FULL NAME (FIRST, MIDDLE, LAST)

REQUIRED: DATE OF BIRTH (MM/DD/YYYY)

REQUIRED: APPLICANT'S PHONE NUMBER (INCLUDE AREA CODE)

REQUIRED: APPLICANT'S MAILING ADDRESS

APT. NO.

CITY

STATE

ZIP CODE

REQUIRED: APPLICANT'S EMAIL ADDRESS

Section B

Background Checks Submitted after 07/01/2018: Applicants will automatically receive a mailed copy of their background check if records found.

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 email confirmation 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.

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. I certify under penalty of perjury that I am the person named above.

REQUIRED: SIGNATURE (NO ELECTRONIC SIGNATURES ARE ACCEPTED. MUST BE SIGNED BY APPLICANT.)

REQUIRED: DATE SIGNED (MM/DD/YYYY)

Send your completed and signed Applicant Request for a Copy of Background Check Information to BCCU:

FAX: (360) 902-7954

MAIL: PO Box 45025, Olympia, WA 98504-5025

EMAIL: 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.