

**WAC 446-20-400 Form of request to inspect record.**

INSPECTION OF RECORD REQUEST  
(RCW 10.97.080/WAC 446-20-070)

Agency .....

Agency No .....

Date .....

Time .....

I, ....., request to inspect my criminal history record information maintained in the files of the above named agency.

I was born (Date of Birth), in (Place of Birth), and to ensure positive identification as the person in question, I am willing to submit my fingerprints in the space provided below, if required or requested.

(Fill in and check applicable box)

Because I am unable to read ; I do not understand English ; otherwise need assistance in reviewing my record ; I designate and consent that (Print Name), whose address is ....., assist me in examining the criminal history record information concerning myself.

.....  
.....

Prints of right four fingers (Signature or mark  
taken simultaneously of Applicant)

.....  
(Address)

.....  
(Signature of Designee)

[Statutory Authority: Chapters 10.97 and 43.43 RCW. WSR 10-01-109, § 446-20-400, filed 12/17/09, effective 1/17/10. Statutory Authority: RCW 10.97.080 and 10.97.090. WSR 80-08-057 (Order 80-2), § 446-20-400, filed 7/1/80.]