



For Office Use Only:

Today's Date: _____

Received By: _____

Certification Letter Request Form

ISLAND COUNTY SHERIFF'S OFFICE

101 NE 6th Street/PO Box 5000, Coupeville, WA 98239

The Island County Sheriff's Office will conduct a local records check and document the results at your request. Our office is not authorized to disseminate any criminal record this individual may have with any other agency. Additionally, our local database of records prior to January of 1999, or from another local agency regarding this individual must be obtained from the Washington State Patrol as follows:

Washington State Patrol
Identification and Criminal History Section
POB 42633 Olympia, WA 98504-2633
(360) 705-5100 or
<https://watch.wsp.wa.gov> (click on WATCH)

The fee for this service is \$15, and must be paid in cash or check in advance.

Important Instructions:

- Complete all fields below
- Attach a clear, color, copy of your driver's license or passport
- Hand deliver or mail this form and copy of ID to the Island County Sheriff's Office
- This process can take up to 5 business days

First name: _____

Middle name: _____

Last name: _____

A.K.A: _____

(Maiden Name/Any other name(s) you have legally used)

Date of birth: _____

Telephone number: _____

Current address: _____

Reason for clearance letter: _____

I hereby authorize the Island County Sheriff's Office to conduct a records check in order to complete the request as indicated above.

Date: _____

Signature: _____