



Request for Early Learning Background Check Results

Individuals who received a portable background check (PBC) clearance issued by the Department of Children, Youth and Families (DCYF) consistent with [RCW 43.216.270](#) may request a true and accurate copy of their background check results.

Email, fax, or mail this request to: DCYF BACKGROUND CHECK UNIT (Early Learning)
P.O. Box 40993
Olympia, WA 98504-0971
Fax: (360) 407-5577
Dcyf.backgroundcheck@dcyf.wa.gov

Requesting individual must provide all of the information below:

DATE	DATE OF BIRTH (MM/DD/YYYY)	STARS ID NUMBER	
FULL NAME			
Full name when you submitted DCYF background check application:			
Same as current <input type="checkbox"/>			
EMAIL ADDRESS	PHONE NUMBER	PURPOSE OF REQUEST:	
		<input type="checkbox"/> OSPI	
		<input type="checkbox"/> Self	
If the purpose of your request is for Self , please indicate if you would like your results emailed or mailed to you.			
<input type="checkbox"/> Emailed, to			
<input type="checkbox"/> Mailed, to			
Current Mailing Address:	City	State	Zip Code
Street			
Previous mailing address when you submitted DCYF background check application:			
Street	City	State	Zip Code
Same as current <input type="checkbox"/>			

****The requested documents must be mailed.****

DCYF STAFF USE ONLY

<p>Date WSP and FBI Background Checks Completed: _____</p> <p><input type="checkbox"/> In-state (WSP) and fingerprint (FBI) background checks were completed, and there was no reported background check history for this individual</p> <p><input type="checkbox"/> Completed in-state (WSP) background check and a copy of history was provided to individual</p> <p><input type="checkbox"/> Completed in-state (WSP) background check and there was no reported background check history for this individual</p> <p><input type="checkbox"/> Completed fingerprint (FBI) background check and a copy of history was provided to individual</p> <p><input type="checkbox"/> Completed fingerprint (FBI) background check and there was no reported background check history for this individual</p>	<p>Name of staff fulfilling request</p> <p>_____</p> <p>Date sent:</p> <p>_____</p>
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