



FINGERPRINTING AND BACKGROUND CHECKS

Washington State law* requires school districts to complete a thorough background check, including fingerprinting, of anyone who may have regularly scheduled, unsupervised access to children.

In order to comply with this requirement, please follow the instructions below:

1. Schedule Appointment(s)
 - a. Have *one person* in your office send an email to kho@fwps.org or call 253-945-2290 to schedule all appointments. Please *do not* have your staff send individual emails to schedule their own appointments.
2. Fingerprinting appointments
 - a. What to bring:
 - i. Complete and bring the following forms to your appointment – ***Do not email these forms***
 1. Vendor/Contractor Application Form – see below
 2. Fingerprinting Information Form – see below
 - ii. Proof of ID – Driver’s License or Government Issued ID
 - b. Cost: \$65 per person - Visa/MasterCard ONLY
 - c. Where:

Federal Way Public Schools
Security Department
33330 8th Avenue South
Federal Way, WA 98003

Check in at the front desk and they can direct you to security

NOTE: Security clearance is valid for two (2) years. Contact Christina Reagle at (253)945-5964 with any questions.

* Please see RCW 28A.400.303, RCW 28A.400.330 and RCW 43.43.830-845 for clarification



FEDERAL WAY PUBLIC SCHOOLS

Vendor/Contractor Application

REQUEST FOR CRIMINAL HISTORY INFORMATION CHILD/ADULT ABUSE INFORMATION ACT (RCW 43.43.830 THROUGH 43.43.845) FOR ANY AGENCY THAT PROVIDES SERVICES TO FEDERAL WAY PUBLIC SCHOOLS (FWPS). **TAKE COMPLETED FORM TO FWPS SECURITY DEPARTMENT.**

INSTRUCTIONS: PLEASE COMPLETE THIS FORM WHEN INTERESTED IN PROVIDING SERVICES TO FEDERAL WAY PUBLIC SCHOOLS. COMPLETING THIS FORM ALLOWS FWPS TO REQUEST CRIMINAL HISTORY RECORD INFORMATION FROM THE WASHINGTON STATE PATROL IDENTIFICATION AND CRIMINAL HISTORY SECTION. A COMPLETED APPLICATION INCLUDES A COPY OF THE APPLICANTS DRIVER'S LICENSE.

Secondary dissemination of this criminal history record information response is prohibited unless in compliance with RCW 10.97.050

A. APPLICANT INFORMATION: (Please Print Clearly)

Applicant Name: _____
Last First Middle

Company Name: _____

Alias/Maiden Name: _____ Date of Birth: _____
Month/Day/Year

Race: _____ Sex: _____

Address: _____

City, State, Zip

Phone Number

As of this date, the applicant named above shows no evidence pursuant to RCW 43.43.830-43.43.845. Valid for 2 years from the date of the stamp.

FWPS USE ONLY

The information I have provided is correct.

Applicant Signature: _____

B. VENDOR/CONTRACTOR INTEREST

Please provide details of scope of work

C. REQUESTER INFORMATION

REQUESTER'S ADDRESS
Federal Way Public Schools
Attn: Human Resources
33330 8th Avenue South
Federal Way, WA 98003

