



ATTN: KING COUNTY SHERIFF DATA UNIT

NCIC III REQUEST
9-1-1 COMMUNICATIONS CENTER
VISITOR SECURITY CHECK

DATE:
NAME: LAST FIRST MIDDLE
SEX: M F
RACE:
DATE OF BIRTH: MONTH DAY YEAR
SSN:
HEIGHT: WEIGHT: EYES:
AKAS:

I request to observe the call receiving and/or dispatch functions of the King County Sheriff's Communications Center. By my signature, I give the King County Sheriff's Office permission to make whatever background checks that are necessary to insure my correct identity and the fact that I have no serious criminal background or outstanding warrants for my arrest.

I understand and shall honor the confidential nature of the information I may observe while inside the King County Sheriff's Office Communications Center. I shall not repeat, discuss, nor disseminate any information associated with incidents handled by the 9-1-1 Communications Center staff during my visit.

VISITORS SIGNATURE:

REQUESTING EMPLOYEE: PHONE:
FORWARDING SUPERVISOR: DATE:

SEAKING CK-OP# DOL CK-OP#
NCIC CK- OP # WCIC - OP #

APPROVED BY:
DATE: