SHERIFF
KING COUNTY

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: _____

CALEA 6.1.4

FORM EXPIRES 6-MONTHS FROM APPROVAL DATE