REQUEST FOR OREGON CRIMINAL HISTORY INFORMATION
ORS 181.555 AND ORS 181.560

INSTRUCTIONS:

1. Please complete this form (or substantial copy) when requesting criminal history information on another person.
2. Mail request with $10.00 check or money order payable to the: **OREGON STATE POLICE**

BILLING CUSTOMERS
Identification Services Section
Attn: Open Records
3772 Portland Road NE
Salem, Oregon 97303-2500

DIRECT PAYMENT CUSTOMERS
Oregon State Police
Unit 11
P.O. Box 4395
Portland, Oregon 97208-4395

NOTE: The requested record information is furnished solely on the basis of name and/or description similarity with the subject of your inquiry. In the event a reportable record is found, subject will be advised of inquiry.

SUBJECT INFORMATION: All information is **REQUIRED**. Failure to supply complete information may effect results of inquiry.

Please **TYPE** or **PRINT CLEARLY**

(FOR OSP USE ONLY)

Name: _____
Last First Middle Name

Alias/Maiden: _____

Date of Birth: _____-_____-_____ Soc Sec #: _____-_____-_____
If unknown, approx age_____ (if known)

Current or Last Known Address: _____
Street or PO Box

_____
City State Zip

REQUESTOR INFORMATION:

**If information is sought for employment purposes, please check one:*
Applicant has been advised of this request: **In Person**_____ **By Phone or Letter**_____

_____Check or money order enclosed (**$10 per request**, *please submit one check for multiple requests*)
_____Please bill my account

REQUESTOR'S NAME & RETURN ADDRESS
(please PRINT or TYPE)

_____
_____
_____
_____

Phone # ( )_____

Note: Established billing account customers may FAX their requests to (503) 378-2121