

**REQUEST FOR OREGON CRIMINAL HISTORY INFORMATION
ORS 1281.555 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: **OREGON STATE POLICE**

Billing Customers

Identification Services Section
Attn: Open Records
3772 Portland Road NE
Salem OR 97303-2500

Direct Payment Customers

Oregon State Police
Unit 11
PO Box 4395
Portland OR 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 the inquiry.

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

Please **Type** or **Print** Clearly

Name: _____
Last First Middle Name

Alias/Maiden: _____

Date of Birth _____ - _____ - _____ Soc. Sec. # _____ - _____ - _____
If unknown, approx age: _____

Current or last know address: _____
Street or PO Box

City State Zip

REQUESTOR INFORMATION

**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