REQUEST FOR OREGON CRIMINAL HISTORY INFORMATION
ORS 181.555 AND ORS 181.560

INSTRUCTIONS:

Please complete this form (or substantial copy) when requesting criminal history information on another person.

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: _____-_____-_____

If unknown, approx age_____

Current or Last Known Address: _____
Street or PO Box

_____
City State Zip